State Provider Incentive Program Tool	
The health plan state provider 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 Provider Incentive 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 Provider Incentive 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 Provider Incentive 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 Provider Incentive 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?	
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.	