

BTE Health Plan Recognition Survey

Conditions of Participation:

1. Performance measurement and quality rewards are based solely upon BTE assessment
2. Good quality must be rewarded and recognized

Survey Questions:

Survey Questions:	Health Plan	BTE	Comments
<p>Data Attribution Methodology 0</p> <p>1. Please identify the data-attribution methodology(s) utilized in the program under evaluation (Choose all options that apply below):</p> <ul style="list-style-type: none"> a. BTE physician-patient attribution methodology 0 b. Non-BTE attribution methodology 0 			
<p>Performance Measurement Level 15</p> <p>2. Please identify the unit(s) of performance assessment employed in the program under evaluation (Choose only 1 from options below):</p> <ul style="list-style-type: none"> a. Individual 15 b. Practice 10 c. Group 5 d. Both A and B 15 e. Both A and C 10 f. Both B and C 10 g. Choices A, B, and C 15 			

<p>Rewards Type 15</p> <p>3. Please identify the vehicle for the delivery of rewards and/or incentives for the program under evaluation (Choose only 1 from options below):</p> <ul style="list-style-type: none"> a. Financial bonuses 10 b. Component of fee schedule 10 c. Both A and B 15 			
<p>Directions:</p> <p><i>If you selected option A for question #3 (labeled "Rewards type" above), please skip question #4 (labeled "Rewards Threshold" above) and proceed directly to question #5 (labeled "Rewards Recipient Level" above).</i></p> <p><i>If you selected option B or C for question #3 (labeled "Rewards Type" above), please proceed directly to question #4 (labeled "Rewards Threshold" above).</i></p>			
<p>Rewards Threshold *(Applicable only if Option B or C is selected for question #3 above)* 15</p> <p>4. Please identify the option below which reflects the average potential fee schedule increase appreciated by a physician obtaining rewards and/or incentives via the program under evaluation (Choose only 1 from options below):</p> <ul style="list-style-type: none"> a. ≤ 1% fee schedule increase -5 b. 1-2% fee schedule increase 5 c. 2-4% fee schedule increase 10 			

<p>d. $\geq 4\%$ fee schedule increase 15</p>			
<p>Rewards Recipient Level 0</p> <p>5. Please identify the recipient unit(s) utilized to deliver program rewards and/or incentives (Choose only 1 from options below):</p> <ul style="list-style-type: none"> a. Individual 0 b. Practice 0 c. Group 0 d. Both A and B 0 e. Both A and C 0 f. Both B and C 0 g. Choices A, B, and C 0 			
<p>Rewards Funding Source 15</p> <p>6. Please identify the funding source for the rewards and/or incentives delivered under the program (Choose only 1 from options below):</p> <ul style="list-style-type: none"> a. Employer/Coalition 10 b. Health Plan 10 c. Both A and B 15 			
<p>Program Administration 0</p> <p>7. Administration of the program under evaluation is (Choose only 1 from options below):</p> <ul style="list-style-type: none"> a. Carried out exclusively internally leveraging internal health plan processes where applicable 0 b. Carried out at least partly by a sub-contracted 3rd party 0 			

<p>Program Commitment 20</p> <p>8. The Incentives and Rewards program under evaluation is: (Choose only 1 from options below):</p> <ul style="list-style-type: none"> a. Made available upon employer request only 5 b. Pro-actively marketed to all self-insured 10 c. Program applies to fully insured 15 d. Both A and B 15 e. Both A and C 15 f. Choices A, B, and C 20 			
<p>Program Administrative Fees Charged to Employers 20</p> <p>9. Please identify the option below which reflects the total administrative costs charged participating employers for administration of the BTE program(Choose only 1 from options below):</p> <ul style="list-style-type: none"> a. ≤ 100 RDE Fees 20 b. $100\% < \text{RDE Fees} \leq 200\%$ 15 c. $200\% < \text{RDE Fees} \leq 300\%$ 10 d. $300\% < \text{RDE Fees} \leq 400\%$ 7.5 e. $400\% < \text{RDE Fees} < 500\%$ 5 f. $>500\%$ RDE Fees 2.5 			
<p>Minimum Passing Score: 75% or greater</p>			