

## **Bridges to Excellence®**

### **Recognition Data Exchange Fees and Invoicing**

*The purpose of this overview is to outline what is included in the Recognition Data Exchange (RDE) fees, how the fees are assessed, and describe the invoice process. Estimated market level RDE costs can be provided when aggregate patient level data is available.*

Bridges to Excellence operations provides the necessary data and framework for implementation regions, employers, health plans and physicians to participate in a national pay for performance program.

Included in the framework:

- Suggested standard patient attribution methodologies and documentation
- Data Exchange Platform- The Recognition Data Exchange (RDE) is designed to consolidate reward eligibility data across and within implementation regions and disseminate physician performance information for the purpose of paying rewards
- Data exchange format
- Training for health plans and coalitions on the RDE process
- National liaison with health plans licensed to administer BTE
- Program implementation guidance
- Access to Physician Practice Portal (required for Physician Office Link Participation)
- Consumer ratings
- BTE practice and physician performance information
- Region-specific section on the BTE web site
- Working with employers already sponsoring BTE in some regions to become program sponsors in other regions

### **BTE Recognition Data Exchange Fees**

BTE RDE fees are based on per member per month (PMPM) calculation. The PMPM information is assessed for all covered lives<sup>1</sup> collectively from all participating health plans and employers within a region.

Fees are intended to cover BTE's costs only. The total will not exceed \$100,000 per region per year across all plans and employers participating in that region. As an example, the PMPM can range from \$.02 to \$1.00 depending on the program/size of the region. BTE continues to find ways to decrease these costs and will always pass any savings to the plans and employers.

*Note: Participants may agree to other fees – for example, for a local coalition or program manager. These fees are not related to BTE's costs and will be itemized separately.*

### **How the PMPM is assessed:**

For new regions:

- RDE costs are based on the estimated member counts for that region and will become effective and due when the MPLs start being submitted.
- New regions should provide reasonable estimates of covered lives for all employers by health plan that intend to participate as soon as possible in the implementation.

For existing regions:

- Costs are estimated by BTE on or about December 1 of each year.
- The assessment is based on the existing Master physician list (MPL) data/information on hand at BTE.

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- BTE will establish the regional fees, assessing each region with a fair proportion of national fixed costs and its unique proportion of variable costs.
- If/when MPLs get refreshed during the course of the year (Plans have input into the timing), the RDE costs may be adjusted downwards, if warranted.
- If multiple programs are implemented, the fees are not duplicated.

### **BTE RDE Fee Invoicing**

For existing regions:

- BTE RDE fees are effective January 1<sup>st</sup> of the calendar year. Plans are invoiced quarterly and invoices are sent the 2<sup>nd</sup> month of the quarter for that quarter and are due within 30 days. For example, first quarter invoices are sent the last week of February and are due within 30 days.
- In the event a new employer/plan is added during the course of a year, the patient count from the new plan will be added to the total region patient count and RDE fees for that quarter and subsequent quarter will be adjusted downwards for all to account for the increase in total denominator.

For new regions:

- RDE fees become due when the master physician lists are received by BTE from the health plans.
- Plans will be invoiced quarterly from that point on, and invoices are sent the 2<sup>nd</sup> month of the quarter for that quarter and are due within 30 days.
- In the event a new employer/plan is added during the course of a year, the patient count from the new plan will be added to the total region patient count and RDE fees for that quarter and subsequent quarter will be adjusted downwards for all to account for the increase in total denominator.

BTE does not adjust RDE invoices retroactively if health plans have clients that drop out or were never confirmed as part of the program.

### **Definition of Members (Covered Lives)<sup>1</sup>**

- Enrolled covered employees and dependents living within the specified geographic area as described and defined in the RDE MPL specification toolkit.

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**Recognition Data Exchange Fees**

Market:	<b>Cincinnati OH</b>
Date of market commitment to participate in BTE:	Pilot market, transitioned 2006
First BTE RDE invoice to health plans anticipated date (based on MPL submission):	October 2006 for 2006.
Health Plans in the market:	UHC
	Humana
	Anthem/BCBSIL
	Aetna
Number of MPLs submitted in the market:	4
Covered Lives	Approx. 82,000
BTE RDE Fee PMPM	\$.52 (52 cents)

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