



INFORMATION REQUEST TO EVALUATE A MANAGED CARE NETWORK

1. Name of Network: _____ Date: _____
2. Network Contact: _____ Phone #: _____ email: _____
3. Network Service Area (State, Counties or 3 digit Zip) :
4. Type(s) of Managed Care Organization (PPO, HMO, IPA, PHO): _____
5. Date network was established: _____
6. Primary Ownership: A) Primarily Medical Providers or Hospital B) Outside Investors C) Other – Explain
7. Total Membership by major service area: 2007: _____ 2008: _____ 2009: _____
2010: _____
8. Inpatient Hospital information by major service area for each of the last three calendar years:

	2008	2009	2010
Admits/1,000:	_____	_____	_____
Bed Days/1,000:	_____	_____	_____
Avg. Length of Stay:	_____	_____	_____
Avg. Cost / Day:	_____	_____	_____
9. By major service area, which hospitals in the network would treat the following cases?
 - A) Premature Babies
 - B) Transplants:
 - C) Cardiac Cases:
 - D) Trauma Cases:
 - E) Burns:
 - F) Oncology:
 - G) Neurosurgery
 - H) Kidney Dialysis

10. Please provide the reimbursement schedules for the hospitals that make up the network including any case rates, per diem arrangements, DRG or percentage discount information:

If the hospital is reimbursed on a per diem basis please include the following per diems:

Medical: _____ Surgical: _____ NICU: _____ ICU: _____ CCU: _____

Maternity: _____ Mental Health: _____ Substance Abuse: _____

What services are included in the per diem rates?

Please detail any outlier provisions that are part of the hospital reimbursement schedules including the outlier threshold and the outlier percentage.

11. What percent of the tertiary hospitals within the service area are in the network? A tertiary facility is defined as a facility that is able to care for three of the following: burns, trauma, premature babies (NICU level III and IV), transplants, cardiac intensive care, oncology services.

12. Please provide the following information regarding the physician's contracts:

If percent discount, please detail those discounts for:

IP Surgery: _____ OP Surgery: _____ Rad/Path/Lab: _____ Other: _____

If % of Medicare Allowable, provide the % and the year of Medicare Allowable used in the contracts.

What is your average Primary Care Physician Discount? How many PCPs in the network?

What is your average Specialist Physician Discount? How many Specialists in the network?

13. Please describe the experience level of the utilization review and case management staff and explain how the case management, utilization review and claims area communicate on large claims. Please explain how the referral process between utilization management and case management works. Does case management counsel patients on medical appropriateness and cost effectiveness?

14. For hospital inpatient, hospital outpatient and physician services please list billed charges, allowed charges and paid charges for the most recent 12-month period. Do paid charges include deductibles, coinsurance and co-pays?

15. Please check the following disease management programs that you have (list any details below).

Asthma Cardiac Diabetes / Renal Failure Maternity Management

Chronic Respiratory Disease Health Management (cholesterol, weight, smoking, etc.)

16. Do you have a Medical Director? Full time or part time? Specialty? Currently practicing?

17. How are out-patient services for oncology identified?