



## NETWORK QUESTIONNAIRE

Name & Address of Network: \_\_\_\_\_

How many employee lives access your network? \_\_\_\_\_ Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_

Do you charge for network access based on a percent of network saving? \_\_\_\_\_ Yes \_\_\_\_\_ No  
% of your groups: \_\_\_\_\_ Ave. % \_\_\_\_\_

Define the network service area(s) zip codes: \_\_\_\_\_

Describe any services that network providers cannot render: \_\_\_\_\_

### Claims:

- Billed versus Actual Paid Claims above \$35K per individual claimant, inclusive of the 3-digit zip code.

### Hospital Services:

- List of contracted hospitals by name, address, town, state, type of facility, Medicare ID (6 digits)
- Indicate all inpatient outlier provisions on a per diem agreement for each facility (i.e., trigger points and % of billed)
- Indicate all inpatient discounts on a straight discount off of billed agreement for each facility
- List of contracted facilities that provide transplants and indicate the negotiated agreement
- List of contracted facilities that contain a burn unit and indicate the negotiated agreement
- List of contracted facilities that contain a cardiac ICU and indicate the negotiated agreement
- List of contracted facilities that provide Level I & II NICU and indicate the negotiated agreement
- List of contracted freestanding dialysis centers and indicate negotiated agreement
- Indicate type and depth of discount for each facility (outpatient separate from inpatient). Provide the negotiated arrangement by hospital (percentage discount, per diem, or care rate). Indicate if certain DRGs are reimbursed under a different arrangement and indicate the arrangement.

### Physician Services:

- If the negotiated fees are based on RVRBS, provide by region the conversion factors by type of service or provide the percentage of the Medicare fee schedule. If a straight discount off billed charges, indicate the percent. Otherwise, provide the negotiated CPT4 fee schedules (preferably in electronic format).

### Other Data:

- Provide savings report, inclusive of overall first dollar claims split by inpatient, outpatient, physician, and 3-digit zip code.