



HCC Life Insurance Company
MANAGED CARE NETWORK
QUESTIONNAIRE

General Operational Data

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: _____

What percentage of your groups: _____ What is the average percentage used: _____

Will you notify HCC Insurance Company of Trigger diagnosis claims when pre-certified? _____

Please define the network service area (s) zip codes: _____

Please describe any services that network providers cannot render: _____

Do you have any agreements with any out-of-area facilities to provide those services? _____

If yes, please indicate facilities and describe agreements: _____

Hospital Services

- ❖ List of all 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 (e.g. trigger pts and % of billed).
- ❖ Indicate all inpatient DISCOUNTS on a straight discount off of billed for each facility.
- ❖ List of contracted facilities that provide Transplants and indicate the negotiated arrangement.
- ❖ List of contracted facilities that contain a Burn Unit and indicate the negotiated arrangement.
- ❖ List of contracted facilities that contain a Cardiac ICU and indicate the negotiated arrangement.
- ❖ List of contracted facilities that provide Level I & II NICU and indicate the negotiated arrangement.
- ❖ List of contracted Freestanding Dialysis Centers and indicate the negotiated arrangement.
- ❖ 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 of RVRBS, please provide by region the conversion factors by type of service or provide the percentage of the Medicare fee schedule. If a straight percentage discount off billed charges, please indicate the percent. Otherwise, please provide the negotiated CPT4 fee schedules (preferably in electronic format).

Other Data

- ❖ Please provide savings report