

2008 Access Plan Provider Contracting Practices Checklist

Company Name

	HMO fully insured	HMO self insured	PPO fully insured	PPO self insured	Other (please describe)
1. Contract provisions					
gag clause (attach copy if present)	present / absent	present / absent	present / absent	present / absent	present / absent
member held harmless (attach copy if present)	present / absent	present / absent	present / absent	present / absent	present / absent
continuation of care (attach copy if present)	present / absent	present / absent	present / absent	present / absent	present / absent
member notice (attach copy if present)	present / absent	present / absent	present / absent	present / absent	present / absent
dispute resolution (attach copy if present)	present / absent	present / absent	present / absent	present / absent	present / absent
Most Favored Nation / Equal Treatment (attach copy if present)	present / absent	present / absent	present / absent	present / absent	present / absent
other (please describe - attach additional sheets as needed)	present / absent	present / absent	present / absent	present / absent	present / absent

2. Network Types					
2.a - tiered/ "layered" networks (see pg 18 for instructions)	present / absent				
2.b. - financial impact on members: (attach additional sheets as needed)					
2.c. - members informed by: (attach additional sheets as needed)					

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3. TPA's, Renting Networks					
3.a. - network rented to other companies?	yes / no / combination				
3.b. - network rented from other companies?	yes / no / combination				

4. Medical Discount Plans					
4.a. - relationships with medical discount plans?	yes / no				
4.b. - name and contact info if applicable (attach additional sheets as needed)	Plan Name: Contact Person: Contact Phone:				

5. Provider Profiling					
5.a. - provider profiling?	yes / no				
5.b. - describe program, particularly impact on members: (attach additional sheets as needed)					