

CONTRACTUAL ASSESSMENT

DATE:

ASSESSMENT WAS COMPLETED BY:

POINT 1 MEDICAL PROVIDER NETWORK DEVELOPMENT AND MANAGEMENT

A.

1. How is the MCO compensated for medical provider network development?

- Percentage of Savings
- Network Access Fee
- Other
- Not addressed in contract

2. If MCO is compensated via percentage of savings, how is savings defined?

- Difference between billed charges and mandated fee schedule
- Difference between billed charges and negotiated discount
- Difference between usual and customary charges and negotiated discounts
- Difference between mandated fee schedule and negotiated discount

B.

1. What Medical Provider selection criteria does the MCO utilize?

2. Does the MCO profile Medical Providers to determine if practices and outcomes meet established network averages and benchmarks?

3. Does MCO require Board Certification in Occupational and Environmental Medicine or additionally acquired medical training?

B.	4. Does the MCO require that the Medical Provider follow established evidence based treatment guidelines?
	5. Does the MCO measure the volume of Workers Compensations Cases as a percentage of the total volume medical cases a provider handles?
C.	1. Does the MCO audit a percentage of medical charts for the purposes of assessing initial clinical medical management?
	2. Can the MCO provide to the Employer the number of physicians who have failed to meet or maintain the quality standards set forth by the MCO?
	3. What is the process the MCO follows to monitor and measure compliance with evidence based guidelines?
	4. Does the MCO survey patients to elicit feedback on service and outcomes?
	5. Does the MCO have a grievance policy and procedure?

D.	Does the MCO provide on going training and education for Medical Providers to improve clinical quality?
E.	What is the role of the MCO's Medical Director in insuring quality, positive outcomes and patient satisfaction?
POINT 2 MEDICAL BILL REVIEW	
A.	Is Medical Bill Review bundled or unbundled? (Is it part of the MCO contract or separate?)
B.	1. How is the MCO or sub-contracted vendor compensated for medical bill review? <ul style="list-style-type: none"> <input type="radio"/> MCO or Sub-contractor is compensated per generated bill <input type="radio"/> MCO or Sub-contractor is compensated per line on the bill <input type="radio"/> MCO or Sub-contractor is compensated on a percentage of savings basis <input type="radio"/> MCO or Sub-contractor is compensated on all of the above
	2. If MCO is compensated via percentage of savings, how is savings defined? <ul style="list-style-type: none"> <input type="radio"/> Difference between billed charges and mandated fee schedule <input type="radio"/> Difference between billed charges and negotiated network discount <input type="radio"/> Difference between usual and customary charges and negotiated discounts <input type="radio"/> Difference between mandated fee schedule and negotiated discount
C.	If there is a sub-contractor agreement between the MCO and a sub-contractor are the two companies related by shared ownership?

POINT 3 NURSE CASE MANAGEMENT

A.

How does the MCO determine the assignment of telephonic nurse case management services to files?

1. Does the MCO have written guidelines and protocols for assignment of nurse case management?
2. Are the nurse case managers RNs, LPNs, Other criteria?
3. Does the MCO have written guidelines and protocols on the tasks nurses will perform and objectives that will be met?
4. What medical utilization criteria standards are used by nurse case managers and adjusters?
5. What measurements are used to evaluate the effectiveness of nurse case management?
6. Does the employer have the right to approve or disapprove assignment of nurse case management?
7. Does the MCO have written descriptions of the relationship between the adjuster and nurse case manager and the authorities of each?

B.	<p>Does the MCO use a sub-contractor for nurse case management services?</p> <ol style="list-style-type: none">1. If there is a sub-contractor agreement between the MCO and a sub-contractor are the two companies related by shared ownership?2. If there is a sub-contractor agreement between the MCO and a sub-contractor is the MCO paid commissions, rebates, overrides, or contracted reduced wholesale rates?
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POINT 4 UTILIZATION/ PEER REVIEW

A.	<p>How does the MCO determine which medical services require Utilization/Peer Review?</p> <ol style="list-style-type: none">1. How does the MCO charge for Utilization/Peer Review?2. Does the MCO have written guidelines and protocols for assignment of Utilization/Peer Review?3. What Evidenced Based Treatment Guidelines are used for Utilization/Peer Review?4. Does the MCO require that a Medical Director oversee the Utilization/Peer Review process?5. What measurements are used to evaluate the effectiveness of Utilization/Peer Review?
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A. cont.	<p>6. Does the MCO have a policy and procedure to address situations in which there is insufficient information to conduct a review?</p> <p>7. Does the MCO have written guidelines for approval or disapproval time frame?</p> <p>8. Does the MCO have a written grievance policy?</p>
B.	<p>Is the MCO accredited by the Utilization Review Accreditation Commission (URAC)?</p>
C.	<p>Does the MCO use a sub-contractor for Utilization/Peer Review services?</p> <p>1. If there is a sub-contractor agreement between the MCO and a sub-contractor are the two companies related by shared ownership?</p> <p>2. If there is a sub-contractor agreement between the MCO and a sub-contractor is the MCO paid commissions, rebates, overrides, or contracted reduced wholesale rates?</p>

POINT 5 ANCILLARY SERVICES-COST CONTAINMENT													
A.	<p>Does the MCO contract with a Pharmacy Benefit Management (PBM) Company?</p> <p>1 If so, is there a pharmacy network?</p> <p>2 Does the PBM offer discounts, rebates, or commissions?</p> <p>3 Describe the approval process for pharmacy.</p> <p>4 How is the pharmacy data merged with the claim file?</p>												
B.	<p>Does the MCO have written guidelines for the selection and approval of the following outside services?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> Legal</td> <td><input type="radio"/> Durable Medical Equipment</td> </tr> <tr> <td><input type="radio"/> Physical Therapy</td> <td><input type="radio"/> Medicare Set Asides</td> </tr> <tr> <td><input type="radio"/> Imaging</td> <td><input type="radio"/> Subrogation</td> </tr> <tr> <td><input type="radio"/> Surveillance</td> <td><input type="radio"/> Vocational Rehabilitation</td> </tr> <tr> <td><input type="radio"/> Transportation</td> <td><input type="radio"/> Behavioral Health</td> </tr> <tr> <td><input type="radio"/> Interpretation</td> <td></td> </tr> </table>	<input type="radio"/> Legal	<input type="radio"/> Durable Medical Equipment	<input type="radio"/> Physical Therapy	<input type="radio"/> Medicare Set Asides	<input type="radio"/> Imaging	<input type="radio"/> Subrogation	<input type="radio"/> Surveillance	<input type="radio"/> Vocational Rehabilitation	<input type="radio"/> Transportation	<input type="radio"/> Behavioral Health	<input type="radio"/> Interpretation	
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C.	<p>Does the MCO receive any commissions, rebates, overrides, or wholesale rates from ancillary service providers?</p>												

POINT 6

INJURED EMPLOYEE SURVEY

A.

Has the MCO developed and deployed an Injured Employee Satisfaction Survey?

1. How is the Survey distributed?

2. How is the Sampling determined?

3. What percentage of employees return the Survey?

4. How is the data reported to management?

5. What changes have been made as a result of employee Surveys?

POINT 7 DATA MANAGEMENT AND REPORTING

A. Does the MCO provide reports that influence changes in your processes?

1. Does the MCO provide reports comparing medical treatment provided with evidenced based guidelines?

2. Does the MCO provide reports comparing actual loss work days with expected guidelines?

3. Does the MCO provide reports that shows, by category, where the money is going?