

NUS Guidelines- Actuarial/Underwriting Evaluation for Networks or Direct Contracts

I. Documents and General Information

1. Non-Disclosure Acknowledgments – please provide any NDA or Confidentiality Agreements needed.
2. Contract Agreements - please provide a copy of each network contract or direct contract agreement that is applicable to the block being evaluated.
3. Network/Direct Contract Information – pertinent overview information to describe the network owner, locations, resources (hospitals, clinics, physicians, etc.).
4. Components - for any resources being utilized for claims re-pricing, negotiations, patient advocacy, pushback or legal dispute; please provide the names of the services with descriptions of services, costs and results achieved.
5. Plan Document language – if clients are using Plan Documents other than The Phia Group MRBP Plan Document prototype, please provide a sample PD.

II. Reporting Data

1. Overall network/contract block reporting: please provide Billed/Allowed/Paid charges, split by In-patient, Out-patient, and Physician, by 3 digit zip or metro area.
Reporting should include:
 - a. 2-3 years of data
 - b. Gross Charges
 - c. Ineligible Charges
 - d. Net Charges (Gross less ineligible)
 - e. Discount dollar amount
 - f. Eligible Claims amount (Net Charges less Discount dollar amount)
 - g. Benefits applied (Co-pays, deductibles, etc.)
 - h. Paid Claims amount (Eligible less Benefit co-pays and deductibles)
2. Shock Claimants reporting – for claims over \$30k in the same above reported block, please provide total billed charges and paid charges, showing percentage or amount of in-patient charges.
3. Membership data: Total network enrollment for the same above reported block, by month, by State or geographic area. If data is provided based on total members, the number of employees is also needed.

III. Medical Management

1. General information: please provide general information and descriptions for any resources utilized for Patient Advocacy, Pre-certification, Large Claims Management, and Case/Disease Management.