# State Health Benefits Program Surgical Center of Excellence (COE) RFQ- Technical Questionnaire Overview

Ridder	Name	٠.

Instructions: Contractor must complete all gold shaded areas above and below, as applicable. Failure to complete all gold shaded areas shall render the Bidder non-responsive.

Note that the State may choose to forego any programs with additional fees not included in the percentage of procedure cost administrative fee and is under no obligation to pay these additional fees in those circumstances.

	Vendor Informatio	n
1	Company Name	
2	Primary Point of Contact Name	
	Contact Title	
3	Company Address 1	
	Company Address 2	
	· ·	
4	Company City	
	Company State (Please list full state name; no abbreviations)	
	Company Zip Code	
5	Phone Number (Please enter in (XXX) XXX-XXXX format)	
6	Email Address	
	Solution Overview	
1	Provide a <b>general description of your organization</b> , including but not limited to	
	Venture capital funding series	
	Legal structure (e.g. subsidiary, sole proprietor, etc.)	
	Operating structure, model	
2	Describe any <b>recent</b> (within last 24 months) <b>organization changes</b> , including:	
	Any significant organization changes (e.g. re-organization senior	
	leadership changes, strategy, mission or operating design)	
	Mergers, acquisitions, affiliations, spin-offs, etc.	
	Other ownership status changes, funding or business developments, including but not limited to stock issues and other changes in funding.	
2	Describe any organizational changes anticipated in the next 3 - 5 years	
3	including:	
	Any significant organization changes (e.g. re-organization senior	
	leadership changes, strategy, mission or operating design)	
	Mergers, acquisitions, affiliations, spin-offs, etc.	
	Other ownership status, funding or business developments, including but not limited to stock issues and other changes in funding.	
	List 3 competitive differentiators for your products and/or services	
4	Differentiator #1	
•	Differentiator #2	
	Differentiator #3	
	Book of Business	
	Identify 3 client references (company name only) that closely align with	
1	this client's size and/or industry. Note: references will not be contacted at this time	
	Client #1	
	Client #2	
	Client #3	
2	Provide the total number of clients served by your COE solution	
3	Provide the total number of lives served by your COE solution	
4	What is the average utilization for groups on a voluntary basis	
•	in Year 1	
	in Year 2	
	in Year 3	
	Network	
1	Are you willing to expand your network on behalf of this client?	
2	Provide information on <i>planned expansion over the next 18 month</i> s	
2	and expected date of availability, specifically for the client's top markets	
3	When entering a new market, describe your process for selecting and contracting with desired facilities and surgeons	
4	Do you assist employees with finding local providers if they cannot or	
•	do not want to use your provider network? If so, describe your process.	
	Including	
	1 I tour the exemine and ether considers are investigated	
	How the carrier and other vendors are involved.	
	How you determine who to refer the employee to	
5	How you determine who to refer the employee to How often employees utilize this option	
	How you determine who to refer the employee to How often employees utilize this option What <i>time frame</i> is covered by the bundle? (e.g. from first outreach by member to 90 days post-discharge)	
5	How you determine who to refer the employee to How often employees utilize this option What time frame is covered by the bundle? (e.g. from first outreach by member to 90 days post-discharge) Describe your process and fees to the client associated with post-	
	How you determine who to refer the employee to  How often employees utilize this option  What time frame is covered by the bundle? (e.g. from first outreach by member to 90 days post-discharge)  Describe your process and fees to the client associated with post-operative surgical complications	
	How you determine who to refer the employee to How often employees utilize this option What time frame is covered by the bundle? (e.g. from first outreach by member to 90 days post-discharge) Describe your process and fees to the client associated with post-	

# State Health Benefits Program Surgical Center of Excellence (COE) RFQ-Technical Questionnaire GeoAccess

Bidder Name:

Instructions: List the distance to the nearest COE provider, based on each of the the Geographic Locations detailed below.

Cooppin/Exception         Barriane         Hip         Now         Syste         Curies         Colonectory           07         1							
OT	Geographic Location	Bariatric	Hip	Knee	Spine	Cardiac	Colonoscopy
002	070						
03							
Ord							
975   98							
075	074						
073	075						
078	070						
Column	078						
OBT	079						
OST   Company	080						
OCC							
033	082						
G86							
OSS	084						
ORF							
088	086						
000	087						
197	088						
198							
199	197						
170	198						
171	199						
172	170						
173 174 175 176 177 178 189 180 180 181 181 182 183 184 185 185 186 187 187 188 189 189 189 189 189 189 189 189 189	171						
174	172						
175							
176							
177	175						
178							
179	177						
180	170						
181	180						
182	181						
183	182						
184							
186							
186	185						
187         Mode	186						
189	187						
190	188						
191	189						
192	190						
193							
194	192						
196	193						
196	194						
100	195						
101	196						
102	100						
103	101						
104							
106							
106	105						
107         108         109 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
108                         109                         111                         112                         113                         114                         115                         116                         117                         118                         119                         126	107						
109	108						
110     111       111     112       113     114       115     115       116     117       118     119       119     125       126     126							
111       112       113       114       115       116       117       118       119       125       126	110						
112  <	111						
113  <	112						
114  <	113						
115             116             117             118             119             125             126	114						
116       117       118       119       125       126	115						
117     118       119     125       126     126	116						
119       125       126	117						
125 126 1 12							
126							
126 127	125						
127	126						
	127						

# State Health Benefits Program Surgical Center of Excellence (COE) RFQ- Technical Questionnaire Provider Network

Bidder Name:

Instructions: List all COE network providers, based on each of the the Geographic Locations detailed below.

Coornenbial costian	Desidents.	I lin	Vaca	2-1	O-mating.	0.1
Geographic Location 070	Bariatric <li>st provider(s)&gt;</li>	Hip <list provider(s)=""></list>	Knee <li>st provider(s)&gt;</li>	Spine <list provider(s)=""></list>	Cardiac <list provider(s)=""></list>	Colonoscopy
070	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<pre><li>list provider(s)&gt;</li></pre>	<pre><li>list provider(s)&gt;</li></pre>	<pre><li>list provider(s)&gt;</li></pre>
072	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>st provider(s)&gt;</li></li>	<pre><li></li></pre> <pre></pre> <p< td=""><td><pre><li><li>fist provider(s)&gt;</li></li></pre></td><td><li><li>list provider(s)&gt;</li></li></td></p<>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li>list provider(s)&gt;</li></li>
073	<li><li>list provider(s)&gt;</li></li>	<li><li>st provider(s)&gt;</li></li>	<li><li>st provider(s)&gt;</li></li>	<li><li><li>rovider(s)&gt;</li></li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li><li>rovider(s)</li></li></li>
074	<li>st provider(s)&gt;</li>	<li><li>st provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li><li>revider(s)&gt;</li></li>	<li><li>rovider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>
075	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
076	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
077	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
078	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
079	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
080	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
081	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
082	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
083	<li>list provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li><li>list provider(s)&gt;</li></li>	<li><li>rovider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>
084	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
085	<li>slist provider(s)&gt;</li>	<li><li>fist provider(s)&gt;</li></li>	<li>slist provider(s)&gt;</li>	<li><li>t provider(s)&gt;</li></li>	<li><li>rovider(s)&gt;</li><li>rovider(s)&gt;</li></li>	<li>stip provider(s)&gt;</li>
086	<li><li>first provider(s)&gt;</li></li>	<li><li>t provider(s)&gt;</li></li>	<li><li>first provider(s)&gt;</li></li>	<li><li>t provider(s)&gt;</li></li>		<li>dist provider(s)&gt;</li>
087 088	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li><li>t provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>
089	<li>st provider(s)&gt;</li> <li>t provider(s)&gt;</li>	<pre><list provider(s)=""> <list provider(s)=""></list></list></pre>	<li>st provider(s)&gt;</li> <li>t provider(s)&gt;</li>	<li>st provider(s)&gt;</li> <li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li> <li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li> <li>fist provider(s)&gt;</li>
197	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>st provider(s)&gt;</li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li>list provider(s)&gt;</li></li>
198	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li><li>  rovider(s)</li></li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li>list provider(s)&gt;</li></li>
199	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li><li>  rovider(s)</li></li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li>list provider(s)&gt;</li></li>
170	<li><li>list provider(s)&gt;</li></li>	<li><li>st provider(s)&gt;</li></li>	<li><li>st provider(s)&gt;</li></li>	<li><li><li>rovider(s)&gt;</li></li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li><li>rovider(s)</li></li></li>
171	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
172	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
173	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
174	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
175	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
176	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
177	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
178	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
179	<li>list provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li><li>list provider(s)&gt;</li></li>	<li><li>rovider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>
180	<li><li>list provider(s)&gt;</li></li>	<li><li>t provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
181	<li><li>list provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
182 183	<pre><list provider(s)=""> <li>t provider(s)&gt;</li></list></pre>	<li><li>rovider(s)&gt;</li><li>t provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li> <li>t provider(s)&gt;</li>	<pre><li>t provider(s)&gt; </li></pre>	<pre><li>t provider(s)&gt; </li></pre>	<pre><list provider(s)=""> <list provider(s)=""></list></list></pre>
184	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<pre><li>list provider(s)&gt;</li></pre>	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>
185	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>st provider(s)&gt;</li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li>list provider(s)&gt;</li></li>
186	<li><li>list provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li>slist provider(s)&gt;</li>	<li><li>rovider(s)&gt;</li></li>	<pre></pre>	<li><li>st provider(s)&gt;</li></li>
187	<li>slist provider(s)&gt;</li>	<li><li><li>first provider(s)&gt;</li></li></li>	<li><li>st provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>revider(s)&gt;</li></li>	<li>slist provider(s)&gt;</li>
188	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
189	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
190	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
191	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
192	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
193	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
194	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
195	<li>list provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
196	<li><li>first provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li>list provider(s)&gt;</li>	<li>list provider(s)&gt;</li>	<li>list provider(s)&gt;</li>	<li><li>t provider(s)&gt;</li></li>
100	<pre><list provider(s)=""> </list></pre>	<li><li>list provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li><li>rovider(s)&gt;</li><li>first provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>t provider(s)&gt;</li></li>
101 102	<pre><li><iist provider(s)=""></iist></li></pre>	<li><li>rovider(s)&gt;</li><li>t provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<pre><li>t provider(s)&gt; </li></pre>	<li>st provider(s)&gt;</li> <li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li> <li>provider(s)&gt;</li>
102	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<pre><li>list provider(s)&gt;</li></pre>	<li><li>list provider(s)&gt;</li></li>	<pre><li>list provider(s)&gt;</li></pre>
103	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li><li>  rovider(s)</li></li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li>list provider(s)&gt;</li></li>
105	<li><li>list provider(s)&gt;</li></li>	<li><li>st provider(s)&gt;</li></li>	<li><li>st provider(s)&gt;</li></li>	<li><li><li>rovider(s)&gt;</li></li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li><li>rovider(s)</li></li></li>
106	<li><li>list provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li>slist provider(s)&gt;</li>	<li><li>rovider(s)&gt;</li></li>	<pre></pre>	<li><li>st provider(s)&gt;</li></li>
107	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
108	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
109	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
110	<li>list provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
111	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
112	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
113	<li><li>list provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li><li>rovider(s)&gt;</li></li>	<li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li>
114	<li>slist provider(s)&gt;</li>	<li><li>fist provider(s)&gt;</li></li>	<li>dist provider(s)&gt;</li>	<li><li>t provider(s)&gt;</li></li>	<li><li>tist provider(s)&gt;</li></li>	<li>stip provider(s)&gt;</li>
115	<li>slist provider(s)&gt;</li>	<li><li>t provider(s)&gt;</li></li>	<li>dist provider(s)&gt;</li>	<li><li>t provider(s)&gt;</li></li>	<li>slist provider(s)&gt;</li>	<li>stip provider(s)&gt;</li>
116	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li>list provider(s)&gt;</li>	<li>list provider(s)&gt;</li>	<li><li>list provider(s)&gt;</li></li>	<li><li>t provider(s)&gt;</li></li>
117	<li>st provider(s)&gt;</li> <li>t provider(s)&gt;</li>	<li>st provider(s)&gt;</li>	<li><li>rovider(s)&gt;</li><li>first provider(s)&gt;</li></li>	<li>st provider(s)&gt;</li> <li>st provider(s)&gt;</li>	<li>st provider(s)&gt;</li> <li>t provider(s)&gt;</li>	<li>st provider(s)&gt;</li> <li>st provider(s)&gt;</li>
118 119	<li><li>list provider(s)&gt;</li><li><li>rovider(s)&gt;</li></li></li>	<li><li>rovider(s)&gt;</li><li>provider(s)&gt;</li></li>	<pre><li>st provider(s)&gt; </li></pre>	<li><li>list provider(s)&gt;</li><li><li>rovider(s)&gt;</li></li></li>	<li><li><li>rovider(s)&gt;</li><li><li>t provider(s)&gt;</li></li></li></li>	<li><li>fist provider(s)&gt;</li><li><li><li>fist provider(s)&gt;</li></li></li></li>
125	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<pre><li>list provider(s)&gt;</li></pre>	<li><li><li><li>fist provider(s)&gt;</li></li></li></li>	<li><li>list provider(s)&gt;</li></li>
126	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li>list provider(s)&gt;</li></li>
127	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<li><li>list provider(s)&gt;</li></li>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<pre><li><li>fist provider(s)&gt;</li></li></pre>	<li><li>list provider(s)&gt;</li></li>
121	not provider(s)	mot provider(s)	not provider(s)	not provider(s)	not provider(o)	not provider(a)

### State Health Benefits Program Surgical Center of Excellence (COE) RFQ- Technical Questionnaire Member-Focused Activities

Bidder Name:

Instructions: Contractor must complete all gold shaded areas above and below, as applicable. Failure to complete all gold shaded areas shall render the Bidder non-responsive.

Note that the State may choose to forego any programs with additional fees not included in the percentage of procedure cost administrative fee and is under no obligation to pay these additional fees in those circumstances.

1		
	Clinical Manage	ement
	How is care coordinated with patient's referring and/or primary care team? Ensure your answer describes who handles post-procedure visits and follow-up.	
2	How is care coordinated with the carrier's care management support?	
1	Member Servi	ces
1	Describe the <b>patient's experience</b> and journey through your program starting with initial member outreach. Please attach a visual example of this experience	
	as the Vendor Name_Client Name_Product_Patient Experience attachment.	
2		
2	Describe/list any tools to guide members engaged in the program with decision- making, navigation or other important aspects of elective surgery	
3		
3	Describe your customer service function including  Location	
	Staffing numbers and organization (e.g.client-specific, first available, "pods",	
	etc.)	
	Staff qualifications	
	Staff performance monitoring	
	Hours of operation	
	Member communication channels (e.g. web, phone, chat, etc) and any limitations on what channels can be used (or not used) for what types of	
	communication. Other comments	
4	Describe the performance of your customer service function. Include detail	
-	if responses vary by type of member inquiry .	
	Response time (digital) Average wait time (phone)	
	Callback (or digital equivalent) response expectations	
5	Describe how your organization supports non-English speakers and/or those who prefer communication(s) in a language other than English	
6		
	What information do you require from members To initiate a case	
	Prior to service	
	At the time of care	
7	How do you address member questions related to diagnosis, treatment, and ongoing care?	
8	What is the protocol when a member requests a provider outside of your network?	
9	What role do you play in assisting the patient's return to work?	
10	How do you assess family unit needs as a result of the patient's condition	
	and provide resources and referrals?	
11	Describe your process if a member has a complaint and wishes to escalate an issue? How does the process vary for complaints that are clinical and/or non-	
	clinical in nature	
	Member Engage	ement
1	During the first two years of the program, the client intends to offer a <b>custom</b> incentive <b>program</b> involving the award of a bank or merchant gift card when a	
	member completes a procedure with a provider in your program.	
	member completes a procedure with a provider in your program.	
	Confirm your willingness to fund this incentive	
	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via	
	Confirm your willingness to fund this incentive  Can you administer this incentive on behalf of the client?	
2	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Describe other best practices for increasing member engagement in a	
2	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Describe other best practices for increasing member engagement in a voluntary program. Include information on	
2	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Describe other best practices for increasing member engagement in a	
2	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization	
2	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you recommend be implemented What is your Net Promoter Score? If not available, provide another metric for	
3	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments  Describe other best practices for increasing member engagement in a voluntary program. Include information on  Strategies that are the most effective to achieve high utilization  Strategies that you require be implemented.  Strategies that you recommend be implemented  What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.	
	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you recommend be implemented What is your Net Promoter Score? If not available, provide another metric for	
3	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments  Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you recommend be implemented What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.  Describe your support for the client, related to communications. Provide examples as attachments.  Describe your employee outreach programs	
3 4	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Secribe other beat practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you recommend be implemented What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program. Describe your support for the client, related to communications. Provide examples as attachments. Are you doing proactive, claims-history-riggered outreach for non-	
3 4	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments  Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you recommend be implemented What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.  Describe your support for the client, related to communications. Provide examples as attachments.  Describe your employee outreach programs	
3 4	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Bescribe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you recommend be implemented What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program. Describe your support for the client, related to communications. Provide examples as attachments.  Are you doing proactive, claims-history-rigigered outreach for non-emergent surgical procedures today?  If yes, for how many clients is this live?  Describe any prior authorization process(es) that apply to your program and	
3 4 5	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments  Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that you require be implemented.  Strategies that you recommend be implemented.  Strategies that you recommend be implemented.  What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.  Describe your support for the client, related to communications. Provide examples as attachments.  Describe your employee outreach programs  Are you doing proactive, claims-history-triggered outreach for non- emergent surgical procedures today?  If yes, for how many clients is this live?	
3 4 5	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Bescribe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that you require be implemented, Strategies that you require be implemented. What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program. Describe your support for the client, related to communications. Provide examples as attachments.  Are you doing proactive, claims-history-triggered outreach for non-emergent surgical procedures today? If yes, for how many clients is this live? Describe your prior authorization process(es) that apply to your program and howlif your program integrates with existing prior authorization processes	ort
3 4 5	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Bescribe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that you require be implemented, Strategies that you require be implemented, What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program. Describe your support for the client, related to communications. Provide examples as attachments.  Are you doing proactive, claims-history-triggered outreach for non-emergent surgical procedures today? If yes, for how many clients is this live? Describe your prior authorization process(es) that apply to your program and howlif your program inlegrates with existing prior authorization processes  Travel Suppl Describe your standard support for members that need to travel for care.	ort
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments  Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented.  Strategies that you recommend be implemented.  What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.  Describe your support for the client, related to communications. Provide vamples as attachments.  Describe your employee outreach programs  Are you doing proactive, claims-history-triggered outreach for non- emergent surgical procedures today?  If yes, for how many clients is this live?  Describe any prior authorization process(es) that apply to your program and howlif your program integrates with existing prior authorization processes  Travel Suppl  Describe your standard support for members that need to travel for care.  What expenses are covered and in what situations?	ort
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments  Describe other best practices for increasing member engagement in a voluntary program. Include information or Strategies that are the most effective to achieve high utilization Strategies that you require be implemented.  Strategies that you recommend be implemented.  What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.  Describe your support for the client, related to communications. Provide examples as attachments.  Describe your employee outreach program s  Are you doing proactive, claims-history-triggered outreach for non- emergent surgical procedures today?  If yes, for how many clients is this live?  Describe any prior authorization process(es) that apply to your program and howlif your program integrates with existing prior authorization processes  Travel Suppl  Describe your standard support for members that need to travel for care.  Include information on these items:  What expenses are covered and in what situations?  Hotel  Rental Car	ort .
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented, Strategies that you recommend be implemented What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program. Describe your support for the client, related to communications. Provide examples as attachments. Are you doing proactive, claims-history-triggered outreach for non- emergent surgical procedures today? If yes, for how many clients is this live? Describe our program integrates with existing prior authorization processes If you program integrates with existing prior authorization processes Under Induction Improved Include Information on these items: What expenses are covered and in what situations? Hotel Rental Car Alf Fare	ort
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments  Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you recurrent be implemented.  Strategies that you recommend be implemented.  What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.  Describe your support for the client, related to communications. Provide examples as attachments.  Describe your employee outreach programs  Are you doing proactive, claims-history-triggered outreach for non- emergent surgical procedures today?  If yes, for how many clients is this live?  Describe any prior authorization processes(es) that apply to your program and howlif your program integrates with existing prior authorization processes  Travel Suppl  Describe your standard support for members that need to travel for care. Include information on these items:  What expenses are covered and in what situations?  Hotel  Rental Car  Air Fare  Train, Taxi  Parking	ort
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Bescribe other beat practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you recommend be implemented What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program. Describe your support for the client, related to communications. Provide examples as attachments Describe your employee outreach programs Are you doing proactive, claims-history-triggered outreach for non-emergent surgical procedures today? If yes, for how many clients is this live?  Describe on y prior authorization process(es) that apply to your program and howlif your program integrates with existing prior authorization processes  Travel Suppi Describe your standard support for members that need to travel for care. Include information on these items:  What expenses are covered and in what situations?  Hotel Rental Car Air Fare Train, Taxi Parking Gas, Tolls	Drt .
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments  Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you recurrent be implemented.  Strategies that you recommend be implemented.  What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.  Describe your support for the client, related to communications. Provide examples as attachments.  Describe your employee outreach programs  Are you doing proactive, claims-history-triggered outreach for non- emergent surgical procedures today?  If yes, for how many clients is this live?  Describe any prior authorization processes(es) that apply to your program and howlif your program integrates with existing prior authorization processes  Travel Suppl  Describe your standard support for members that need to travel for care. Include information on these items:  What expenses are covered and in what situations?  Hotel  Rental Car  Air Fare  Train, Taxi  Parking	ort .
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments  Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented.  Strategies that you require be implemented.  What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.  Describe your support for the client, related to communications. Provide examples as attachments.  Describe your employee outreach program s Are you doing proactive, claims-history-riggered outreach for non- emergent surgical procedures today?  If yes, for how many clients is this live?  Describe any prior authorization process(e) that apply to your program and howlif your program integrates with existing peri authorization processes  Travel Suppi  Describe your standard support for members that need to travel for care.  Include information on these items:  What expenses are covered and in what situations?  Hotel  Rental Car  Air Fare  Train, Taxi  Parking  Gas, Tolls  Food  Companion expenses	ort
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you recommend be implemented What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program. Describe your support for the client, related to communications. Provide examples as attachments. Are you doing proactive, claims-history-triggered outreach for non- emergent surgical procedures today? If yes, for how many clients is this live?  Describe any prior authorization processées) that apply to your program and howlif your program integrates with existing prior authorization processes  Travel Supple Describe your standard support for members that need to travel for care. Include information on these items: What expenses are covered and in what situations? Hotel Rental Car Alf Fare Train, Taxi Parking Gas, Tolls Food Companion expenses	ort
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments  Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you require be implemented.  What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.  Describe your support for the client, related to communications. Provide examples as attachments.  Describe your employee outreach programs Are you doing proactive, claims-history-triggered outreach for non-emergent surgical procedures today?  If yes, for how many clients is this live?  Describe any prior authorization process(es) that apply to your program and howlif your program integrates with existing prior authorization processes  Describe your standard support for members that need to travel for care. Include information on these items:  What expenses are covered and in what situations?  Hotel  Rental Car  Air Fare  Train, Taxi  Parking  Gas, Tolls  Food  Companion expenses  Other  How are expenses handled?  Pre-paid by you  Debt card provided to member	ort
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you require be implemented. Strategies that you recommend be implemented. What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program. Describe your support for the client, related to communications. Provide examples as attachments. Describe your employee outracch programs a Are you doing proactive, claims-history-triggered outreach for non-emergent surgical procedures today? If yes, for how many clients is this live? Describe any prior authorization process(es) that apply to your program and howlif your program inlegrates with existing prior authorization processes  Travel Supple Describe your standard support for members that need to travel for care. Include information on these items: What expenses are covered and in what situations? Hotel Rental Car Air Fare Train, Taxi Parking Gas, Tolls Food Companion expenses Other How are expenses handled? Pre-paid by you	ort
3 4 5 6	Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments.  Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented, Strategies that you recommend be implemented. What is your Net Promoter Score? If not available, provide another metric for measuring member satisfaction with the program.  Describe your support for the client, related to communications. Provide examples as attachments.  Describe you doing proactive, claims-history-triggered outreach for non-emergent surgical procedures today?  If yes, for how many clients is this live?  Describe any prior authorization processées) that apply to your program and howlif your program integrates with existing prior authorization processes  Travel Supple Describe your standard support for members that need to travel for care. Include information on these items:  What expenses are covered and in what situations?  Hotel  Rental Car  Alf Fare  Train, Taxi  Parking  Gas, Tolls  Food  Companion expenses  Other  How are expenses handled?  Pre-paid by your beginned are irembursed by you	Drit

# State Health Benefits Program Surgical Center of Excellence (COE) RFQ- Technical Questionnaire Provider Questions

i	-		

Instructions: Contractor must complete all gold shaded areas above and below, as applicable. Failure to complete all gold shaded areas shall render the Bidder non-responsive.

Note that the State may choose to forego any programs with additional fees not included in the percentage of procedure cost administrative fee and is under no obligation to pay these additional fees in those circumstances.

_	Dunniday Contrastina Annuasah ana	I Duinium Madal
1	Provider Contracting Approach and Do you contract with all hospitals within a health system or a subset?	i Fricing Woder
1	20 you contract with an mospitals within a health system of a subset?	
	Comments	
2	Do you contract with all surgeons within a surgical group or a subset?	
	Comments	
	Comments	
3	Describe your approach to provider contracting and bundle	
	administration. Include information on	
	How often do you offer a single payment to the bundle convener	
	versus a separate payment to each participant?	
	Upside/downside risk sharing, fee-for-service discounts, etc	
	Other impactful activities that encourage provider participation in your	
	program	
4	Have de very achieve and acrimen in the manner for annularious?	
-	How do you achieve cost savings in the program for employers?	
5	Provide the average ROI your clients achieve	
	Provider Quality Evalua	tion
1	Provide an overview of how your organization assesses the <b>facilities</b> in	1001
	your COE network and the frequency of the evaluation. Include information on these elements:	
	Clinical quality, including outcomes and appropriateness of care	
	Patient experience	
	·	
	Other elements	
2	Provide an overview of how your organization assess the <i>surgeons</i> in your COE network and the frequency of the evaluation. Include information on these elements:	
	Clinical quality, including outcomes and appropriateness of care	
	Patient experience	
	Other elements	
3	What database(s) or other sources are used to evaluate the quality of facilities and surgeons/specialty providers?	
4	Have you ever <b>removed</b> a facility and/or surgeon <b>from your network for a quality concern</b> ? Why? How often has this occurred in the last 2 years?	
	16 b.: 6b. d 1b. 4b. 1 4 (-) d. b 6b b	
	If yes, briefly describe the instance(s) and how often you have removed providers or facilities in the last 2 years	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints  Other Ortho	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints  Other Ortho  Spine  Cardiovascular	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints  Other Ortho  Spine  Cardiovascular  Procedure revision rates  Bariatric  Joints  Joints  Joints  Cardiovascular  Joints  Bariatric  Joints	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spints Other Ortho Spints Spints Spints Other Ortho Spints Spints Other Ortho Spints	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints  Other Ortho  Spine  Cardiovascular  Procedure revision rates  Bariatric  Joints  Other Ortho  Spine  Cardiovascular  Cardiovascular  Procedure revision rates  Cardiovascular  Complication rate by clinical area	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints  Other Ortho Spine  Cardiovascular  Procedure revision rates  Bariatric  Joints  Other Ortho Spine  Cardiovascular  Complication rate by clinical area  Bariatric	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular  Cardiovascular  Dints  Dints  Dints  Dints	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Cardiovascular  Complication rate by clinical area Bariatric Joints Other Ortho	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Other Ortho Spine Cardiovascular  Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Cardiovascular  Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular Colonoscopy	
	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Cardiovascular  Cother Ortho Spine Cardiovascular Colonoscopy Comments	
5	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine  Cardiovascular Colonoscopy Comments  Excluding colonscopies, on average, what percentage of all members that contact you, end up getting surgery? Include breakdown on why the surgery doesn't happen - e.g preferred provider not in network, decides against surgery, etc.	
	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Excluding colonscopies, on average, what percentage of all members that contact you, end up getting surgery? Include breakdown on why the surgery doesn't happen - e.g preferred provider not in network, decides against surgery, etc.  What % of cases went through an evaluation/assessment and were	
	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Excluding colonscopies, on average, what percentage of all members that contact you, end up getting surgery? Include breakdown on why the surgery doesn't happen - e.g preferred provider not in network, decides against surgery, etc.  What % of cases went through an evaluation/assessment and were avoided in	
	providers or facilities in the last 2 years  Describe what would cause you to remove a facility and/or provider from your network  Provide clinical quality outcome results  Readmission rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Procedure revision rates  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Complication rate by clinical area  Bariatric  Joints Other Ortho Spine Cardiovascular  Excluding colonscopies, on average, what percentage of all members that contact you, end up getting surgery? Include breakdown on why the surgery doesn't happen - e.g preferred provider not in network, decides against surgery, etc.  What % of cases went through an evaluation/assessment and were	