

Sample Comprehensive Commercial Network Quantification & Enhanced Uniform Data Specifications Questionnaire

Prepared for Carrier and Pharmacy Benefit
Manager (PBM) Submission

Date

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sample

Objective

The objective of this initiative questionnaire is to help large, self-insured (self-funded) plan sponsors clearly and specifically state the types, amounts, frequency, transmission methods, and purposes for any disclosed and/ or undisclosed costs and revenue streams that impact cost or value of healthcare by any channel.

Ensuring transparency and clarity of the content and impact of all direct and non-direct carrier and Pharmacy Benefit Manager (PBM) revenue that impacts plan sponsors is highly important for them to responsibly understand, manage, and make strategic decisions regarding healthcare and/or PBM benefit administration on behalf of their employees.

I. Part One: Medical – Plan Sponsor Direct and Non-Direct Costs and Revenue for Book of Business (BoB)

Notes:

- If this information is being populated in association with a request for proposal or other specific initiative, then note any differences between book of business figures and those for the specific client.
- We understand if you are not the incumbent, then your figures are your best estimates based on your book of business and on what was supplied to your plan sponsor representative.
- If terms vary by plan, then submitter may list total revenue with comment included.

#	Revenue Type	Amount (\$ per employee (PE) or member per month (PMPM), other)	Frequency	Transmission method	Purpose	(√) if withheld from Plan Sponsor	(x) if non-applicable	Book of Business Norm comparison
Administrative Fees								
1	Administrative Services Only Fee							
2	Claim audit							
3	Data audit							
4	Electronic data feed							
5	Interest rate							
6	Legal & litigation action reimbursement							
7	Medical program integrity program fee							
8	Network access							
9	Other healthcare service provider							
10	Out of network (OON)							
11	Plan related expenses reimbursement							
12	Reporting							
13	Strategic alliance							
14	Administrative other: Please describe in detail.							
Clinical Fees								
15	Advocacy/ Concierge/ Personal health program							
16	Care/ Disease/ Medical management program fee							
17	Clinical audit							
18	Condition or therapy related program fee							
19	Home specialty pharmacy delivery							
20	Point Solutions							
21	Clinical other: Please describe in detail.							
Pass Through Savings								
22	Employer fund							
23	External/ independent/ consultant vendor review							
24	Revenue pass through other							
25	Specialty pharmacy rebate							

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26	Spread pricing							
27	Underwriting disclosures: Claim review							
28	Underwriting disclosures: Subrogation							
29	Underwriting disclosures: Other							
30	Value based risk share %							
31	Savings other: Please describe in detail.							
Performance Payments								
32	Carrier performance, network, claims, clinical, etc. guarantee							
33	Value based capitation							
34	Value based care coordination fee							
35	Value based gain share %							
36	Performance other: Please describe in detail.							
37	Please list all fees that are paid to an affiliate, subsidiary, or third-party vendor that would impact the costs or value to a plan sponsor or their employees, and denote which type of relationship applies.	Company name: Relationship type: Amount:						
38	If you have not disclosed any item(s), please describe why.							

II. Part Two: Medical – Questionnaire

The purpose of this section is to help plan sponsors more clearly understand inclusive and exclusive claims detail, special conditions under which claims are paid, and adjustments that provide context to the findings, etc.

#	Question	Response
1	Are any claims excluded from your submission such as the below?	
2	Claims from groups not specified as a “custom group”	
3	Claims from specific providers (i.e., providers identified in fraud, waste and abuse investigations, children’s facilities, etc.)	
4	Claims above a certain threshold (i.e., stop loss claims)	
5	Specific claim types (i.e., transplants, cancer)	
6	Claims where the allowed amount equals billed amount (i.e., discount equates to 0%)	
7	Claims where the allowed amount is greater than the billed amount (i.e., negative discount)	
8	Claims where the discount is between a certain threshold (i.e., +/-xyz%)	
9	Any “non-custom” products/ networks	
10	Are you using projected, new business, bought down, or other “discount methodologies” rather than actual?	
11	How are you depicting various value based care arrangements with respect to withholds, capitated payments, bundled payments, surplus, downside risk, and case rates? (Note that case rates sometimes show a negative discount.)	
12	How are you accounting for prepayment and other adjustments that are later modified or overturned?	
13	Have any adjustments been made to the dollar fields in the historical data?	
14	Only those “executed” contracts signed prior to the three-month runout can be acknowledged in the data. Are all contracts recorded regardless of the outcome of the contract?	
15	Does the data capture provider actual contracting status at the time claim was incurred? Are adjustments made for future contracting status?	

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16	Has the status of your contract execution timeline and impact of newly executed contracts ever been audited to ensure compliance? If yes, please describe the audit outcome.	
17	Are only the claims identified as coordination of benefits (COB) excluded, where the carrier would be considered a secondary payer? Or are the members identified as having COB and all claims associated with those members excluded?	
18	How are the claims for out of network providers with third-party vendor negotiations reflected (contracting status, assumptions about future negotiations)?	
19	What adjustments are you applying in the adjusted section of the data specifications?	
20	Did you apply any other adjustments or delineations of the data about which we did not ask in this questionnaire?	

III. Part Three: Medical – 2023 Achieved Per Member Per Month (PMPM) Discounts for Book of Business, and/ or by Metropolitan Statistical Area (MSA)

Please supply the following additional PMPM achieved discount information, so that the teams can further analyze the alignment of reported network discounts to actual allowed amounts achieved.

Note: If this information is being populated in association with a request for proposal or other initiative, then note any differences between book of business figures.

#	Question/ Request	Response	
1	How do you define "discount?"		
2	Which risk-adjustment tool do you utilize?		
	PMPM achieved discounts for BoB – Or by each/ top MSAs (Use of reasonable range is acceptable.)	MSA: Abc	MSA: Xyz
3	Unadjusted, in-network		
4	Unadjusted, Out of Network		
5	Risk-adjusted, In-network		
6	Risk-adjusted, Out of Network		
	Significant market conditions for each/ top MSAs		
7	Service mix		
8	Condition mix		
9	Provider mix		
10	Delivery system characteristics (access, dominance, types, VB)		
11	Unique contract provisions		
12	Epidemiology characteristics		
13	Other strategic considerations		

IV. Part Four: PBM – Plan Sponsor Direct and Non-Direct Costs and Revenue for Book of Business

Notes:

- If this information is being populated in association with a request for proposal or other initiative, then note any differences between book of business figures and those for the specific client.
- We understand if you are not the incumbent, then your figures are your best estimates based on your BoB and on what was supplied to you PS representative.
- If terms vary by plan, then submitter may list total revenue with comment included.

#	Revenue Type	Amount (\$PEPM or \$PMPM)	Frequency	Transmission Method	Purpose	(√) if withheld from Plan Sponsor	(x) if non-applicable	Book of Business norm comparison
Pharmaceutical Manufacturer Formulary Rebate Agreements								
1	Rebates received							
2	Bona fide* service fees							
3	Administrative fees							
4	Other non-shareable administrative fees							
5	Rebate agreements other: Please describe in detail.							
Network Performance Agreements								
6	Restated revenue							

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7	Transaction fees								
8	Zero balance logic								
9	Maximum allowable cost								
10	Brand effective rate guarantees								
11	Generic effective rate guarantees								
12	Dispensing fee effective rate guarantees								
13	Overall effective rate guarantees								
14	Network performance other: Please describe in detail.								
Client Agreements									
15	Pharmacy claims								
16	Base administrative fees								
17	Dispensing fees								
18	Base clinical admin fees								
19	Other admin fees								
20	File transfer fee								
21	Prior authorizations								
22	Appeals								
23	Physician reviews								
24	Administration of appeals process for managed care								
25	Safety, gaps in care, compliance (persistency, adherence, etc.)								
26	Disease management								
27	Counseling programs								
28	Clinical analytical services								
29	Variable copay programs								
30	Discharge medicine reviews								
31	Support services								
32	Accumulator fees								
33	Rate determining steps support								
34	Explanations of benefit								
35	Identification cards								
36	Eligibility (manual)								
37	Custom mailings								
38	Ad-Hoc reporting								
39	Data integrations - Standard								
40	Data integrations - Non-standard								
41	Fraud, waste, & abuse								
42	Client website								
43	Termination services including file transfers								
44	Client other: Please describe in detail.								
Third Party Agreements (may include ownership)									
45	Copay maximizer revenue								
46	Coupon programs								
47	Switch services								
48	Cell and gene therapy programs								
49	Third-party other: Please describe in detail.								
Group Purchasing Organizations (GPO) (including formulary, pharmacy, and drug products)									
50	Formulary rebates								
51	Manufacturer administration fees - Formulary								
52	Manufacturer administration fees - drug products								
53	Drug products								
54	Other non-shareable administrative fees								
55	GPO other: Please describe in detail.								
Specialty Pharmacy									
56	Manufacturer administration fees								
57	Bona fide* service fees								
58	Other non-shareable administration fees								
59	Specialty other: Please describe in detail.								
Mail Pharmacies									
60	Claims								
61	Wholesaler administration fees								
62	Wholesaler Incentives								

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63	Purchase reconciliation							
64	GPO Admin Fee Share							
65	Claims Data							
66	Mail pharmacy other: Please describe in detail.							
Subsidiaries								
67	Discount arrangements							
68	Fee-for-service arrangements							
69	Other manufacturer arrangements							
70	Other third-party logistics arrangements							
71	Data sales							
72	Subsidiary other: Please describe in detail.							
73	Please list all fees that are paid to any other affiliate that would impact the costs or value to a PS or their employees, and denote which type of relationship applies.	Company name: Relationship type: Amount:						
74	If you have not disclosed any other item(s), please describe why.							

**Bona fide service fees are as defined by the Centers for Medicare and Medicaid Services.*

Attestation signature by qualified individual:

Title:

Date:
