



Network Questionnaire

NAME & LOCATION OF CLINIC

LIST OF ALL PROVIDERS W/CREDENTIALS and SPECIALTY

ARE PROVIDERS ACCEPTING NEW PATIENTS?

- Please provide estimated wait time for a new patient appointment.

HOW MANY HOURS PER WEEK DOES PROVIDER/S SEE PATIENTS?

ARE PROVIDERS ELIGIBLE FOR PRIMARY CARE DESIGNATION?

LIST **ALL PAYERS** AND LINES OF BUSINESS (PPO, MEDICARE ADVANTAGE, ETC.) THAT YOU ARE CURRENTLY CONTRACTED WITH

IS PROVIDER/PRACTICE WILLING TO CONTRACT WITH ALL ELIGIBLE PLANS UNDER THE ALLIANCE?

ARE YOU CURRENTLY ACCEPTING MEDICARE? YES/NO

ARE YOU CURRENTLY ACCEPTING MEDICAID? YES/NO

- Do you place any limit on the number of Medicaid beneficiaries?

DO YOU OFFER DIFFERENT ACCESS TO PATIENTS BASED ON THEIR INSURANCE?

IS THIS ALSO A REQUEST FOR A SURGERY CENTER, INTENSIVE OUTPATIENT PROGRAM, PARTIAL HOSPITIZATION PROGRAM OR ANY OTHER FACILITY TYPE?

LIST OF ALL LOCATIONS PROVIDERS MAINTAIN PRIVILEGES

IF NOT PRIVILEGED WITH SAINT ALPHONSUS HEALTH SYSTEM IS PROVIDER WILLING TO BECOME PRIVILEGED: YES/NO
IF NO-WHAT IS THE PROVIDER'S ADMITTING PLAN?

DOES PROVIDER DO PROCEDURES OUTSIDE OF THE OFFICE: YES/NO
IF YES-WHERE ARE THESE PROCEDURES DONE AT?

DO YOU TREAT ALL AGES: YES/NO
IF NO-AGE LIMIT

DO YOU OFFER TELEHEALTH: YES/NO

ANY SPECIAL/UNIQUE SERVICES PROVIDED: YES/NO
IF YES-PLEASE LIST

CURRENT USE OF AN ELECTRONIC HEALTH RECORD: YES/NO

- TYPE OF EHR
- WILLING TO GRANT SAHA ACCESS TO EHR AND/OR SEND SAHA MEMBERSHIP FILES

TYPE OF BILLING: UB-04 OR CMS 1500