

# Joining a Network?

## The Factors You MUST Consider Before Joining Any Network

The MAC office often fields phone calls from DCs across the state asking if they should join a particular insurance network. We also get calls asking if we have a “list” or other information on which networks to avoid and which to join.

Federal and state laws prohibit the MAC from telling our members to “boycott” certain networks. Each doctor needs to make that determination by him- or

herself. The MAC can, however, point out the key questions that doctors need to consider when deciding whether to join – or not join – a network.

Joining a network might be a way to build a large patient base and get access to a number of patients who do not have access to out-of-network chiropractic care. However, there are times when joining a network could not be beneficial to a chiropractic practice.

### Documents to Obtain Before Joining a Network

Prior to joining any network, we recommend that you get a copy of (and thoroughly review) the following documents:

- The complete provider agreement (the contract).
- The Provider Manual, which spells out the policies and procedures a network provider must adhere to when treating one of the insurer’s members, as well as the policies and procedures the network itself is expected to follow
  - Any utilization review policies
  - Any attachments, addendums, exhibits, or other referenced materials not included in the provider manual
  - All policies, procedures, and required forms for claims processing
  - A full fee schedule (and the insurer’s methodology for determining their fee schedule)

### Questions You Should Ask Before Joining Any Network

- Covered Lives. How many covered lives does the insurer have in your office area? It is important to know if joining the network will result in your office

receiving new patients. An insurer may cover millions of policyholders, but if they are not in reasonable driving distance from your office, patients are unlikely to come to you for care.

- Insurer’s Marketing Plan. What are the insurer’s marketing plans and goals in your area?
- Fee Schedule. What are the network’s fee schedules? This information will help determine if you will be fairly compensated for your services.
- Review and Utilization Policies. What are the network’s review and utilization policies? Patients will not end up in your office if they have to face unfair or unreasonable referral policies. You should also carefully review the network utilization requirements to determine if you are willing to adhere to them.
- Deductibles and Co-Pays. Obviously, your ability to provide the care patients need will be affected by the level of deductible and co-pay your patients must meet.
- Other Questions. Can the insurance company “adjust” payments to the provider after they have been paid (“charge-backs”)? On what grounds is the insurer able to terminate your participation in the network? Does the insurer “bundle” services? How?

Failure to ask these questions could have major ramifications for your office. The answers to these important questions will help you make an informed, sound business decision about joining or leaving a network. It is a good policy to review your network involvements on a yearly basis to determine how they affect your bottom line. If you have any additional questions or concerns, please contact Kristine Dowell at the MAC office at (517) 367-2225.

