

THIRD PARTY ADMINISTRATOR QUESTIONNAIRE

1. Company Name: _____

Address: _____

Telephone: _____

2. Locations: _____

3. Is your firm owned by or affiliated with any other organization(s), involved, directly or indirectly, in any area or aspect of insurance or reinsurance? _____

4. How long has your organization been operating as a claim payor? _____

5. Are you a member of any professional societies? _____

6. Are there any pending lawsuits or Insurance Department complaints, pr were there any brought against your firm or any of the principals during the past three years? _____

7. Are all claims examiners, supervisors, draft typists and claims clerks bonded? _____ (Please attach copy of Fidelity Bond)

8. Does your firm have errors and omissions coverage? _____ (Please attach copy of E & O form).

9. Do you operate in states that require Third Party Administrators to be licensed? ____ (Please provide copies of licenses, if applicable).

10. Are you able to accept claims electronically? _____

11. Personnel:

List top five Executives:

<u>Name</u>	<u>Title</u>	<u>Length of Service</u>
-------------	--------------	--------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to Contact For:

Marketing: _____

Premium: _____

Claims Administration: _____

Senior Claims Person(s):

<u>Name</u>	<u>Title</u>	<u>Length of Service</u>
-------------	--------------	--------------------------

_____	_____	_____
_____	_____	_____

How many trained claims examiners, excluding the supervisors, are employed? _____

12. References:

Client references: (3 current & 2 termed)

	<u>Company</u>	<u># of Lives</u>	<u>Telephone</u>	<u>Contact</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Insurance companies for whom you currently pay claims, or administer self-funded claims covered by Stop Loss.

	<u>Carrier</u>	<u>Telephone</u>	<u>Contact</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

May we contact the above references? _____

13. Has any insurance company withdrawn their claims paying authority or TPA approval? _____

14. Do you have binding authority for any insurance company? _____

15. Nature of cases you now administer:

	<u>No. of Cases</u>	<u>No. of Employees</u>
Fully Insured	_____	_____
Partially self-insured	_____	_____
Fully self-insured	_____	_____
METs, Unions, Associations	_____	_____

16. What type "Fee Structure" (flat per claim charge, cost plus, percentage of claims, etc.) is utilized by your firm? _____

17. What claims processing procedure do you use? _____

18. If claims processing is automated, briefly describe hardware and software utilized. _____

19. Are any substantial changes in your organization projected in the foreseeable future? _____

20. How do you develop new group business? _____

Eligibility Certification

21. Who are enrollment cards and records are maintained by?: _____

22. Who maintains eligibility records on the computer system? _____

23. How often is eligibility is updated?: _____

Claim Files

24. Do your claim files clearly indicate the following?:

Date claim received?	Yes	No
Date claim processed?	Yes	No
Date claim paid?	Yes	No

25. If requested, could you provide detailed reports identifying:

Extra-contractual Payment?	Yes	No
Pending Claims?	Yes	No
Recovered Overpayment?	Yes	No
Un-recovered Overpayment?	Yes	No
Subrogation files?	Yes	No

26. What is your average claim turnaround time? _____

Claim Examiners

27. What qualifications (including experience) have been established as minimum standards for your claims examiners? _____

28. What has your claims department's rate of turnover been in the last three (3) years? _____

29. What is the average number of claims processed per day/per examiner? _____

Claim Adjudication

32. Do you perform internal claim audits? _____ Number of claims audited per processor/per month: _____

33. Do you utilize any internal or external sources to perform:

Name of Source

Hospital audits? _____

Utilization review? _____

Medical necessity reviews? _____

Pre-admission certification? _____

Large case management? _____

34. Describe your procedures for determining Usual & Customary expense limitations (include what service you use for U & C):

35. How frequently are your Usual & Customary guidelines updated? _____

36. What are your guidelines for implementing Large Case Management?

Claim Payments

37. Is check production manual or automated?: _____

38. How often do you produce checks?: _____

39. Are checks sent directly to the payee?: _____ If not, where are they sent? _____

40. Who maintains canceled checks?: _____

41. Describe your method of funding self-funded plan accounts: (separate checking account, periodic deposits based on expected claim projections, deposits based on actual claim losses)

42. Do you assist the employer in establishing claim reserves? _____

Specific Stop Loss Claims

43. Do you have the capability to identify claims at 50% of the deductible? _____

44. Do you have the capability to identify potential claims based on high risk diagnosis? _____

45. In the event that a Specific stop loss claim is incurred, will you be able to provide the following documents: _____

Enrollment card including COBRA enrollment forms and any change forms

Claim file, including:

- Medical bills (unless received electronically)
- Claim calculation worksheets (EOB)
- File documentation (i.e., COB. investigations, HIPAA certification/pre-existing investigation results, Subrogation forms, medical records, etc.)
- Funding documentation

Aggregate Stop Loss Claims

46. In the event that an Aggregate stop loss claim is incurred, will you be able to provide the following reports for the affected year:

Detailed month by month employee census listing?	Yes	No
Detailed paid claims listings subtotal by claimant?	Yes	No
Detailed month by month check register listings?	Yes	No
Copies of bank statements for Policy Period?	Yes	No

47. Will you allow an audit all of your records pertaining to stop loss accounts? _____

Fiduciary Considerations

48. Have any of the principals or employees of the TPA ever been accused or convicted of mishandling or misappropriating any company funds, or had a lawsuit or Insurance Department complaint brought against them? _____

49. Are you audited annually by an outside independent auditor? _____

50. Will your firm provide a credit report? _____

I certify that this form was completed accurately.

Completed by (Print) _____

Signature: _____ Date: _____

Telephone #: _____ Fax: _____

Check List:

- Copy of current Errors and Omissions policy
- Copy of current Fidelity Bond
- Copies of Third Party Administrator licenses
- Completed NorthWind, LLC Group TPA questionnaire or SIAA TPA Questionnaire
- Potential notice versus disclosure acknowledgement form