

THIRD PARTY ADMINISTRATOR QUESTIONNAIRE

Entity, Location, Ownership, Affiliation

Name of Entity:			
Street Address:			
City:		State:	ZIP:
Phone:		Fax:	
Web Site:		E-mail:	
T.I.N.#:			
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Sub-Chapter S Corporation			
List of Officers: <i>Attach additional list if necessary. Submit resumes of Officers, Directors and Owners.</i>			
President:		Secretary:	
Vice President:		Treasurer:	
Please list other companies with whom you have financial interest (i.e. insurance companies, PPOs, HMOs, MGUs, brokerage operations, etc.)			
In the last five years, has your business entity been involved in a merger? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe:			
In the last five years, has your business entity had a change in ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe:			
Has your business entity had a change of name, and/or used a dba or is it operating under an assumed name?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, previous names were:			
Branch Offices			
<i>Contact Name</i>	<i>Address</i>	<i>City, State, ZIP</i>	<i>Phone</i>

Systems – Administration and Claims (Hardware and Software)

	Administration	Claims
A. Is the system on-line or manual?		
B. Name of the software system		
C. Who developed the system?		
D. Year it was developed		
E. Is the software leased, timeshared or owned?		
F. Have you changed/upgraded systems within 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		
Administration:		
Claims:		

Administrative Services (Financial, Eligibility, and Premium Accounting

Staff		
Total number of employees in department:		
Name/Job Title of Key Personnel & Managers	Years Experience	Years with Current Employer
<i>If necessary, list additional names on a separate page and attach. Please attach resumes.</i>		
1. May clients have system access in their offices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what administrative functions can clients perform?		
2. Can you provide census & premium funding data electronically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. System(s) Security and Audit Procedures		
A. Describe security of master file (i.e. who can enter new groups, make changes, etc.):		
B. Describe security of client funds:		
C. Describe record retention program for enrollment cards, billing files, etc.:		
D. Describe your back-up system(s) in the event that the computer master file is destroyed.:		

4. Does your system calculate individual or group premium for fully insured plans, or calculate levels of funding for self-funded plans? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Describe procedures for adding, deleting and changing plan participants and their benefits		
6. Do you perform bank account reconciliations on client accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. How often do you generate premium billings for insurance coverage? On what days?		
8. When are premium reminder notices sent?		
9. For non-payment of excess/stop loss premiums, when are lapse notices sent?		
10. On what date(s) are premium payments run for insurers and excess insurers?		
11. What procedures do you have in place to detect and enforce reimbursement for subrogation, COB or workers' compensation?		
12. What procedures do you have in place for identifying and reporting potentially large claims (exceeding 50% of the specific deductible)?		
Claims Administration		
Staff		
Total number of employees in Claims Unit:		
Name/Job Title of Key Personnel & Managers	Years Experience	Years with Current Employer
<i>If necessary, list additional names on a separate page and attach. Please attach resumes.</i>		
How many terminals are in use?		
Is eligibility determined on-line? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long is claim history maintained on-line?		
Has the department been audited by a third party for accuracy/security? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how recently? Please give the name of the audit firm:		
Name the type of audit performed: <i>(Check all that apply, and note date.)</i>		
<input type="checkbox"/> CPA/5500	<input type="checkbox"/> CPA/Performance	
<input type="checkbox"/> Carrier/MGU	<input type="checkbox"/> Independent Claims Audit	
<input type="checkbox"/> SAS 70		

Can you provide claims data electronically?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
More than 75% of claims are:			
A. Processed:	<input type="checkbox"/> Manually	<input type="checkbox"/> On-line	
B. Filed:	<input type="checkbox"/> By family	<input type="checkbox"/> By day batch	
What does a claim represent? (<i>Check one</i>).			
<input type="checkbox"/> Line item	<input type="checkbox"/> Chart	<input type="checkbox"/> E.O.B.	
<input type="checkbox"/> Other (define):			
Based on the above definition, the average number of claims processed per year is:			
What is your payment accuracy objective?			
A. Statistical: Number of claims paid:			
B. Financial: Dollar amount paid without error:			
What was your payment accuracy performance during the last twelve months?			
Describe the payment authority limitation for the claims staff and describe the criteria for internal audits:			
What is your average turnaround time from date of receipt to date of payment on a clean claim submission?			
What is your source for determining R & C?			
<input type="checkbox"/> Surgical	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	
If other, please describe:			
Surgical:			
Medical:			
Dental:			
Is your R & C database on-line?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often is R & C updated?			
Are the ICD-9 codes captured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the CPT codes captured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

For what period of time are hard copy files retained?			
Are separate bulk accounts maintained for each client?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is included in each account?			
Who has disbursement authority?			
Is there a trust established for funded plans?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe a "typical" client fund transaction through your office:			
Do you subcontract any data processing activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify:			
Do you utilize off-site or home claim processors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
What services do you provide for COBRA administration?			
What services do you provide for HIPAA administration?			
What is your level of service provided for Flex Plans, Cafeteria Plans and/or Section 125 Plans?			
Please list your Utilization Review and Case Management providers:			
<i>Name</i>		<i>Phone Number</i>	
Please list the excess/stop loss insurers (carriers) with which you have business:			
<i>Carrier Name</i>	<i># of Cases</i>	<i># of Lives</i>	<i>Estimated Annual Premium \$\$</i>
Has any carrier terminated their relationship with you in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who and why?			

Compliance/Legal/Licensing

1. Describe any previous or pending material lawsuits in the last seven (7) years:		
2. Have any of the principals in your firm or any of your employees (former or current), ever been indicted or convicted of mishandling/misappropriating any insurance company or client funds? <input type="checkbox"/>Yes <input type="checkbox"/>No		
If yes, please give details:		
3. Describe your procedures for handling client or insured complaints and State Insurance Department complaints:		
4. Has the company (TPA) or its principals ever been adjudged bankrupt? <input type="checkbox"/>Yes <input type="checkbox"/>No		
If yes, please explain:		
5. Have you ever been involved in an audit by the Department of Labor (DOL)? <input type="checkbox"/>Yes <input type="checkbox"/>No		
If yes, please give details:		
6. If your operating jurisdiction(s) required licensing, are you licensed as a(n):		
<i>License</i>	<i>State(s)</i>	<i>License Number</i>
<input type="checkbox"/> Third Party Administrator		
<input type="checkbox"/> Managing General Agent		
<input type="checkbox"/> Agent		
<input type="checkbox"/> Broker		
<input type="checkbox"/> Other (define):		
Please provide a copy of current license(s) listed above.		
7. How are you kept informed of changing legal requirements within your market area?		
8. How do you inform clients of these changes?		
9. Are you HIPAA/EDI compliant?		

Insurance/Bonding

Do you carry a TPA errors & omissions policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who is the carrier?		
What is the expiration date of the policy?		
What are the limits of coverage for the policy?		
What is the deductible?		
Is the contract a claims made policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you carry a comprehensive general liability policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who is the carrier?		
What is the expiration date of the policy?		
What are the limits of coverage for the policy?		
What is the deductible?		
Do you carry a professional liability policy for UR (Utilization Review and/or other services)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who is the carrier?		
What is the expiration date of the policy?		
What are the limits of coverage for the policy?		
What is the deductible?		
Do you carry a fidelity bond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who is the carrier?		
What is the expiration date of the policy?		
What are the limits of coverage for the policy?		
What is the deductible?		
What is the total annual aggregate of funds handled for all clients?		
Do you purchase employee dishonesty bonds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, on which employees?		
Have claims been made against any of the above policies in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		

Financial	
Principal banking relationship (to be used as a reference):	
Name of Bank:	
Address:	
Phone:	
Contact:	Contact Title:

Managed Care
How are cases identified for possible case management?
Please list the companies you use for Medical Case Management services:
Is there a direct linkage between the UR/pre-cert process and case management? If yes, please explain:
Please list the PPOs you use for the majority of your cases"
When there isn't a PPO in place, do you reprice hospital bills? If yes, what vendors do you use and at what claim level?
Describe any other claim cost management providers and processes you may use (i.e. demand management, hospital bill audits, subrogation, fee negotiation, service, etc.)
Detail when claims are funded (i.e., when funds are on deposit in the claim account).
What levels of utilization review services are performed?
Are utilization review services performed in-house or through an outside vendor?
Describe your procedures for professional medical and dental claims review:
Describe your procedures for auditing and/or negotiating provider bills:
Describe your procedures for using large case management (LCM):
Describe the managed care procedures you are using:

Attachments	
Please use this checklist and provide the following attachments. If any of these items cannot be provided, please explain:	
<input type="checkbox"/>	Resumes of officers, directors, owners and key claims personnel
<input type="checkbox"/>	Certificate of Insurance for Errors and Omissions Policy, Professional Liability Policy, and /or Bond now in effect (declaration pages are sufficient)
<input type="checkbox"/>	Copy of TPA, MGU, agency, broker and agent license for each applicable state.
<input type="checkbox"/>	Marketing proposal
<input type="checkbox"/>	Marketing brochure
<input type="checkbox"/>	Sales literature on PPO and managed care
<input type="checkbox"/>	Service agreement (sample of standard agreement used)
<input type="checkbox"/>	Claim account flowchart/description
<input type="checkbox"/>	Evidence of good health form
<input type="checkbox"/>	Samples of administrative service reports available to insurers and/or reinsurers
<input type="checkbox"/>	Samples of aggregate claims reports available to insurers and/or reinsurers
<input type="checkbox"/>	Sample plan document

I certify that the information on this application is accurate to the best of my knowledge and belief. I also understand that routine inquiries, including credit inquiries, may be made of any or all of the individuals and firms noted herein as references.

Signature: _____ Date: _____

Print Name: _____ Title: _____