A Liberty Mutual Company

THIRD PARTY CLAIMS ADMINISTRATOR QUESTIONNAIRE

1. Name of Firm_____

   Street Address_____

   City_____ State_____ Zip Code_____

   Telephone_____ Fax_____

   Web Address_____ Email Address_____

2. Does your company use a dba(s) or operate under an assumed name? ☐ Yes ☐ No

   If Yes, please provide a complete listing of names as an attachment.

3. Does your firm have financial interest in any other like business? (i.e. Insurance Companies, PPO Vendors, MGUs, UR or LCM Companies, Brokerage Operations, etc?) ☐ Yes ☐ No

   If Yes, please provide a complete listing of names as an attachment.

4. Ownership of Firm: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Sub-Chapter S Corporation

   Tax Identification Number:_____

5. Date firm began operation as a Claims Administrator_____

6. How many individuals are currently employed? Part-Time_____ Full-Time_____

   Please provide a current organizational chart.

7. Key Personnel

   a. Top Three Executives: **(please attach resumes)**

   Name Title Length of Service

   _____

   _____

   _____

   b. Senior Claims Person: **(please attach resume)**

   Name_____ Title_____ Length of Service_____

   c. Principal Contact: **(please attach resume)**

   Name_____ Title_____ Length of Service_____

8. a. Please list the Stop Loss Carriers that have approved your firm:

Carrier Name	Date of Approval	No. of Cases	Preferred Status?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

(if additional space is needed, please attach a supplemental list)

b. Do you have binding authority or underwriting authority for any of the carriers listed above?

☐ Yes ☐ No

If yes, please provide details_____

_____

c. Number of stop loss markets utilized for each quote request?_____

9. Breakdown of cases you currently administer:

	No. of Cases	No. of Employees
a. Fully Insured		
b. Self Insured		
c. METs, Associations or Unions		

10. Enrollment cards and eligibility records are maintained by:

☐ TPA ☐ Employer ☐ Other (specify)_____

11. Eligibility is updated how often?_____

12. Can you provide census and premium funding data electronically? ☐ Yes ☐ No

13. Number of claims examiners: Part-Time_____ Full-Time_____

14. a. Claims processing is: ☐ Manual ☐ Automated

b. System is: ☐ Owned ☐ Leased ☐ Timeshared ☐ Other

If automated, briefly describe the system (hardware, software, version, last updated, etc):_____

_____

_____

c. Does your system check for any of the following? Please check all that apply:

☐ Possible duplicate claim ☐ Overage dependent ☐ Unbundling of charges

☐ Procedure upcoding ☐ Possible catastrophic diagnosis ☐ Claims after coverage termination

15. What is your claim turnaround time goal?_____ ☐ Business Days ☐ Calendar Days

What was your actual claim turnaround average for the last 6 months? _____

On what basis is this determined (received to processed, received to paid, etc)?_____

16. Average number of claims processed per day / per examiner?_____

17. a. Are there procedures set up for internal audits of examiners? ☐ Yes ☐ No

If yes, how frequently are audits performed:_____

b. What is measured: Financial Accuracy Procedural Accuracy Payment Accuracy

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

c. If measured, what are your goals/standards for accuracy?

Financial Accuracy Procedural Accuracy Payment Accuracy

d. What were the average results in each category for the past 6 months?

Financial Accuracy Procedural Accuracy Payment Accuracy

18. Do your claim examiners have established monetary authority limits? If so, what are they and what is the review process for claims exceeding an examiner's authority limit?_____

_____

19. a. What is the source of your Usual & Customary expense determinations?

☐ Ingenix/HIAA ☐ Ingenix/MediCode ☐ Developed In-house ☐ Other

b. How often are your Usual & Customary guidelines updated?_____

c. What percentile is most commonly utilized: ☐ 75th ☐ 80th ☐ 85th ☐ 90th ☐ 95th ☐ Other

20. How are claim files maintained? ☐ Paper files by examiner ☐ Batch file ☐ Microfilm/fiche

☐ Electronic Image ☐ Other (specify)_____

21. Are you now capable of receiving electronic claims directly from providers? ☐ Yes ☐ No

If Yes, what percentage of incoming claims are you receiving electronically?_____

If No, when do you expect to be ready to receive electronic claims from providers?_____

22. Are you able to submit Excess Claim Submission electronically? ☐ Yes ☐ No

If not, would you be interested in discussing this as a future possibility? ☐ Yes ☐ No

23. Is the following information maintained for each claim?

a. Enrollment & eligibility dates ☐ Yes ☐ No

b. Student status ☐ Yes ☐ No

c. Coordination of benefits Info ☐ Yes ☐ No

d. Medical bills, claim calculation worksheets & medical records ☐ Yes ☐ No

e. Other party liability investigation documentation (e.g. Subrogation, Workers' Comp) ☐ Yes ☐ No

f. Incurred Date ☐ Yes ☐ No

g. Received Date ☐ Yes ☐ No

h. Processed Date ☐ Yes ☐ No

i. Paid Date ☐ Yes ☐ No

24. Do you have the ability to report the following information?

a. Extracontractual Payments ☐ Yes ☐ No Maintained by: ☐ Log ☐ System ☐ Other

b. Recovered Overpayments ☐ Yes ☐ No Maintained by: ☐ Log ☐ System ☐ Other

c. Unrecovered Overpayments ☐ Yes ☐ No Maintained by: ☐ Log ☐ System ☐ Other

d. Denied Payments ☐ Yes ☐ No Maintained by: ☐ Log ☐ System ☐ Other

25. Check Production is: a. ☐ Manual ☐ Automated

b. ☐ Daily ☐ Weekly ☐ Other (specify)_____

c. What methods are generally used to fund your clients' self-funded plan accounts?

_____

_____

d. Are checks automatically distributed or held for adequate funding?_____

26. Do you outsource any of your claim functions? ☐ Yes ☐ No **If yes, please advise as to the following:**

a. Where is the outsource location? _____

b. Is this location part of the TPA ownership? ☐ Yes ☐ No If not, who owns it? _____

_____ Please provide the same insurance certifications that are required of your TPA.

c. What types of functions are performed by the outsourced location? _____

_____

d. Do the employees read and speak English (if outside the United States)? ☐ Yes ☐ No

e. What are the qualifications of the employees? _____

_____

27a. Do you provide the following services for your clients internally? If Yes, please provide the name of the contact at your firm and attach resume. If No, please provide the name and phone number of the vendor/firm you use:

Pre-Admission Certification ☐ Yes ☐ No Contact Name_____

Vendor Name:_____ Phone Number:_____

Utilization Review ☐ Yes ☐ No Contact Name_____

Vendor Name:_____ Phone Number:_____

Concurrent Review ☐ Yes ☐ No Contact Name_____

Vendor Name:_____ Phone Number:_____

Large Case Management ☐ Yes ☐ No Contact Name_____

Vendor Name:_____ Phone Number:_____

Organ Transplant Network ☐ Yes ☐ No Contact Name_____

Vendor Name:_____ Phone Number:_____

27b. How often will clinical information be provided? (Precert reports, LCM reports)

Please provide samples for review.

28. Do you have any Managed Care Programs negotiated directly with providers? ☐ Yes ☐ No

If Yes, please describe_____

29. Do you have the ability to provide claims data broken down by PPO vs non-PPO utilization? ☐ Yes ☐ No

If Yes, can you provide the data by PPO if there are multiple PPOs utilized? ☐ Yes ☐ No

30. Do you have procedures in place to negotiate discounts on non-networks claims? ☐ Yes ☐ No

If Yes, please describe the procedures, vendors, & fees_____

31. Do you have the ability to provide the following reports? **Please provide a sample of each.**

a. Any claimant that has reached or exceeded 25 or 50% of the specific deductible? ☐ Yes ☐ No

b. Any claimant with a "Trigger" diagnosis that had the potential to become a large claim? ☐ Yes ☐ No

c. Claimants with Inpatient stays of 7 days or greater? ☐ Yes ☐ No

d. A listing of claimants being followed by case management? ☐ Yes ☐ No

Can these reports be provided on a monthly basis? ☐ Yes ☐ No

32. Do you monitor claims for potential other party liability (subrogation)? ☐ Yes ☐ No

If Yes, is this functioned handled internally or outsourced? ☐ Internally ☐ Outsourced

If outsourced, who is your vendor?_____

33. Is your firm a member of any professional societies: ☐ Yes ☐ No

If Yes, please specify_____

34. Has any Insurance Company or Carrier withdrawn their claims paying authority or TPA approval?

☐ Yes ☐ No **If Yes, please provide details as an attachment.**

35. Has your firm or any of your employees ever had a lawsuit or Insurance Department complaint brought against them? ☐ Yes ☐ No **If Yes, please provide details as an attachment.**

36. Is your firm audited annually by an outside independent auditor? ☐ Yes ☐ No

If Yes, please provide date of audit & name of auditing firm_____

37. Is your firm in a state(s) that requires TPAs be licensed? ☐ Yes ☐ No

If Yes, please attach a copy of your current license(s).

38. Does your firm carry:

DOCUMENTATION OF CURRENT POLICIES MUST BE ATTACHED:

a. Errors and Omissions Coverage? ☐ Yes ☐ No **If Yes, please attach declaration page.**
Carrier _____ Policy #_____
Limit of Liability_____ Term_____

b. Commercial/General Liability Coverage ☐ Yes ☐ No **If Yes, please attach declaration page.**
Carrier_____ Policy #_____
Limit of Liability_____ Term_____

c. Fidelity Bond ☐ Yes ☐ No **If Yes, please attach declaration page.**
Carrier_____ Policy #_____
Limit of Liability_____ Term_____

d. Fiduciary Liability Coverage ☐ Yes ☐ No **If Yes, please attach declaration page.**
Carrier_____ Policy #_____
Limit of Liability_____ Term_____

39. Has your firm ever filed an Errors & Omissions or Fidelity Bond/Employee Dishonesty claim? ☐ Yes ☐ No

If Yes, please attach details.

40. Who does your firm develop business through:
Agents/Brokers____% Salaried Employees_____% Principals_____% Others_____%

41. Who prepares Plan Documents and Summary Plan Descriptions for your clients?_____

___

Please attach a copy of your standard Plan Document wording.

Does your firm review PDs and SPDs to ensure compliance with current regulations? ☐ Yes ☐ No

How often are PDs and SPDs updated?_____

42. Please describe the actions that your firm has taken in response to the HIPAA privacy and security requirements. Have written privacy and security compliance policy and procedure statements been developed?

☐ Yes ☐ No **If Yes, please supply a copy of these documents.**

43. Please provide a description of any significant changes projected for your organization, including mergers and/or acquisitions, system changes or upgrades, and the like:

_____

_____

_____

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS CORRECT. I ALSO UNDERSTAND THAT AS A MATTER OF PROCEDURE A ROUTINE INQUIRY MAY BE MADE OF ANY OR ALL OF THE INDIVIDUALS AND FIRMS NOTED ABOVE AS REFERENCES IN ORDER TO ASCERTAIN APPROVING THIS FIRM AS A QUALIFIED THIRD PARTY ADMINISTRATOR.

Signature of Principal, Partner or Officer:_____

Print Name:_____

Print Title:_____

Date:_____

Mail To: **TRU Services- A Liberty Mutual Company**
152 Conant Street, 2nd Floor
Beverly, MA 01915
Phone: 978-564-0200
Fax: 978-564-0201

ATTACHMENTS TO BE INCLUDED ALONG WITH THE COMPLETED QUESTIONNAIRE

Please attach the following to this questionnaire.

- ☐ Current Organizational Chart and Resumes of Key Personnel
- ☐ State Administrator (TPA) License(s), if applicable
- ☐ Declaration Page for E&O Coverage
- ☐ Declaration Page for Commercial/General Liability Coverage
- ☐ Declaration Page for Fidelity Bond
- ☐ Declaration Page for Fiduciary Liability Coverage
- ☐ Details of all suits filed against E&O, Fidelity Bond/General Liability, or Fiduciary Liability Coverages
- ☐ Details of any withdrawals of claim paying authority
- ☐ Details of any Insurance Department complaints or lawsuits
- ☐ Details of any on-site audit results
- ☐ Sample Plan Document
- ☐ Sample Reports (e.g. 25 or 50% Report, Trigger Diagnosis Report, LCM Report, Pre-Cert/Inpatient Day Report, Monthly Loss Fund Report, etc.)
- ☐ HIPAA Action Plan and Compliance Documents