THIRD PARTY ADMINISTRATOR QUESTIONNAIRE
TPA QUESTIONNAIRE

PART I

SECTION A - GENERAL INFORMATION

1. Name of Firm: ____________________________________________________________
   Address of Headquarters: _______________________________________________________
   _____________________________________________________________
   Telephone Number: ____________________ Fax Number: ____________________

2. Other Locations (City & State): _____________________________________________

3. Where was firm chartered? ____________________ When? ____________________

4. a. Indicate whether firm is a:  ☐ Corporation  ☐ Partnership  ☐ Proprietorship
   b. Ownership of the firm: _______________________________________________________
      _______________________________________________________

5. List All Officers: Title:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. a. Has your firm conducted business under a different name?  ☐ Yes  ☐ No
   If yes, what name? _____________________________________________
   b. Has any other firm merged with your firm?  ☐ Yes  ☐ No
   If yes, please explain. ___________________________________________
      _______________________________________________________

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SECTION B · EXPERIENCE

1. Date firm began to administer Stop Loss plans. ____________________________

2. Does your firm currently, or plan to, subcontract any administrative duties? ❑ Yes ❑ No
   If yes, what duties and to whom? Please use a separate sheet of paper and identify as I B. 2.

3. a. Total number of clients: ____________________________
    b. Total number of cases administered: ________________
    c. Total premium administered: _______________________  

4. Details of Cases You Presently Administer:

   Number of Cases       Number of Covered Employees       Annual Premium
   a. Fully Insured
   b. Other Partially Insured Cases
   c. Fully Self Insured Cases
   d. MET, Associations or Unions
   e. Total

5. Has the firm’s authority to perform services for a client ever been revoked? ❑ Yes ❑ No
   If yes, please explain. Please use a separate sheet of paper and identify as I B. 5.

SECTION C · INSURANCE/INTERNAL CONTROLS

1. Provide the following insurance information.

   Errors & Omissions Policy       Fidelity Bond
   Carrier: ____________________________       Carrier: ____________________________
   Expiration Date: ________________       Expiration Date: ________________
   Coverage Limits: ______________________       Coverage Limits: ______________________
   Deductible: ______________________       Deductible: ______________________
   (Attach Declarations Page of Policy)       (Attach Certificate of Insurance)

2. Has E&O or Fidelity Bond coverage ever been cancelled? ❑ Yes ❑ No
   If yes, please provide a full explanation. Please use a separate sheet of paper and identify as I C. 2.

3. Has a claim been made against the E&O or Fidelity policies in the past five (5) years? ❑ Yes ❑ No
   If yes, please explain. Please use a separate sheet of paper and identify as I C. 3.

4. Has the firm had or have pending any lawsuits or DOI complaints? ❑ Yes ❑ No
   If yes, please provide a full explanation. Please use a separate sheet of paper and identify as I C. 4.

5. Describe disaster recovery system in the event that master computer files are destroyed.
   Please use a separate sheet of paper and identify as I C. 5.
6. Describe procedures for handling written Department of Insurance Complaints, complaints from attorneys, etc. Please use a separate sheet of paper and identify as I C. 6.

7. Name of contact person for insurance and internal controls. Telephone Number.

SECTION D · LICENSING

1. List all states in which you currently administer or plan to administer business, indicating your firm’s Third Party Administrator license status in each such state. Indicate status using the following codes: (I) In force; (P) Pending; (N) None; (N/A) Not applicable.

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<thead>
<tr>
<th>State</th>
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2. Indicate any other licenses maintained by your organization.

- Managing General Agent
- Agent
- Broker
- Other:

List States

3. Name of contact person for licensing related questions. Telephone Number

PART II

SECTION A · GENERAL INFORMATION

1. Claims are routinely processed: □ Manually □ On-line □ Combination

2. Claim volume processed in the last twelve (12) months. $______________

3. Average number of claims processed per analyst per day? ______________

4. How often are claim checks issued? ________________________________

5. What is your turn-around time standard? ______________________________
Actual performance? ____________________________________
6. What is your payment accuracy objective?
   a. Statistical: Percentage of claims paid without error: ____________%
   b. Financial: Dollar amount paid without error: $____________

7. How is a claim determined?  ☐ EOB  ☐ Check  ☐ Line Item  ☐ Other:____________________________________________________

8. What is your definition of a “paid claim”?
   ☐ Date check is issued  ☐ Date claim is processed and E.O.B. is issued  ☐ Date check clears bank
   ☐ Date check is presented to bank for payment  ☐ Other:____________________________________________________

9. What sources of Reasonable and Customary (UCR) are used by your firm?
   ______________________________________________________________________________________________

10. Is your URC database on-line?  ☐ Yes  ☐ No  If so, how often is it updated? __________________________

11. Do you have access to unbundling software or does your claim system contain software to automatically review claims for unbundling?
   ______________________________________________________________________________________________

12. Describe the method used to track claims received but not paid: i.e. claims under investigation, awaiting information, backlog, or pending receipt of claim funds?
   ______________________________________________________________________________________________

13. Describe internal auditing procedures for all claims: include frequency, by whom and to whom results are communicated. Please use a separate sheet of paper and identify as III A. 12.

SECTION B · STAFFING

1. Provide the number of employees, average length of experience and authority level for each of the following categories.

<table>
<thead>
<tr>
<th>Number of Employees</th>
<th>Average Experience</th>
<th>Authority Limit</th>
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<tbody>
<tr>
<td>Medical Claims Officers and Managers</td>
<td>___________</td>
<td>___________</td>
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<tr>
<td>Medical Claims Supervisors</td>
<td>___________</td>
<td>___________</td>
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<td>Medical Claims Analysts-Experienced</td>
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<td>Medical Claims Analysts-Trainees</td>
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<tr>
<td>Medical Clerical Staff</td>
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2. Do you utilize off-site or home claim processors?  ☐ Yes  ☐ No  If so, please specify how often and in what capacity these claim processors are used.____________________________________________________
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3. Does your firm employ Medical consultants to resolve unusual claim problems? ☐ Yes ☐ No
   Please attach their resumes or a summary of their qualifications. Identify as III B. 3.

4. Explain the job responsibilities for each staff category in 1. above. Please use a separate sheet of paper and identify as III B. 4.

5. Describe your training program for claims personnel; include your on-going training plan, as well as the training program for new claims analysts. Please use a separate sheet of paper and identify as III B. 5.

6. How often is a claims analyst performance assessed? ____________________________________________

SECTION C · DEPARTMENTAL PROCEDURES

1. Describe the procedure for verifying claimant eligibility. If eligibility is determined on-line, include period (years/months) of on-line history. __________________________________________________________________________

2. How are changes, adds, and retroactive adjustments handled? ____________________________________________
   __________________________________________________________________________

3. Please provide your procedures for possible subrogation claims. ____________________________________________
   __________________________________________________________________________

4. Is subrogation followed in-house or by an outside vendor? If an outside vendor, whom do you use? ____________________________________________
   __________________________________________________________________________

5. Are Medical claim reference materials available to analysts? Which are used? ____________________________________________
   __________________________________________________________________________

6. Who reviews a contested claim? Please describe the process by which the decision to contest a claim is made. Would the stop loss carrier be consulted in the case of a denial or contested claim? ____________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. How often is COB information updated? ____________________________________________

8. With regard to COB, what procedures/actions are followed with uncooperative primary carriers? ____________________________________________
   __________________________________________________________________________

9. How are pending claims handled? How many reminders are issued? ____________________________________________
   __________________________________________________________________________

10. If fraud is suspected, what specific procedures are followed? ____________________________________________
   __________________________________________________________________________
11. In the event of an overpayment, what procedures are in place to recoup the overpayment? How does the company ensure that stop loss carriers are reimbursed for their share? 

12. How often do you issue checks? 

13. Are PBM claims handled through your finance or claims department? How frequently are PBM claims received from the vendor? How frequently are PBM claims paid by your company? Is PBM information communicated to the claims department regularly or only when requested? 

14. Is there a formal, on-going training program for all analysts? If so, please describe. 

SECTION D · SYSTEMS

1. What type of system is used to pay claims?
   a. Manual  [ ] Computerized  [ ]
      If computerized:
      i. Name of hardware system: __________________________
      ii. Name of software system: __________________________

2. Was the software developed in-house or purchased? ________ From whom? ______________________

3. Have you changed or upgraded any part of your system within the last 12 months? ______________

4. What type of backup arrangements do you have if the system "goes down"?
   Describe back-up system in the event that the master file is destroyed. ______________________

5. Are paper files maintained? For how long? ____________________________

SECTION E · Medical Management Operations Review

1) Do you outsource Case Management? If so, please provide company name, primary contact person and telephone number. ____________________________
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2. Please provide the following data regarding Medical Management services offered through your TPA either directly or indirectly:
   a. General Data
      i. Number of case managers? __________________________
      ii. What is the average caseload per case manager? __________________________
   b. Staffing
      i. Do you use contracted CM’ers? If so, explain:______________________________
      ii. Do you have dedicated Transplant Specialists, Neonatal Nurse Clinicians, Oncology Specialists, and/or Dialysis Specialist? If so, please provide their background/experience. __________________________
   c. Referral /Communication Process
      i. How do the Medical Management team, internal systems and/or pharmaceutical resources help clients with identification of potentially catastrophic cases? __________________________
      ii. Does the Case Manager require any special authorization before becoming active in a case? __________________________
         1. If so, from whom? __________________________
      iii. Does the Case Manager communicate directly with the Stop Loss Carrier/Ins. Co? __________________________
   d. Reporting
      i. Are CM Reports generated? __________________________
      ii. If so, are they done manually or automatically via a CM software system? __________________________
      iii. How is it determined when a SL carrier/Ins. Co. will be cc’ed on a report? __________________________
   e. Cost Containment
      i. Who reviews and refers OON claims for negotiations? __________________________
      ii. What, if any, negotiation vendors are used? __________________________
   f. Miscellaneous
      i. How does Claims interact with Case Management and vice versa? __________________________
      ii. Who reviews issues related to medical necessity determination? __________________________
      iii. Who does peer reviews and/or serves as a medical advisor? __________________________
      iv. Do you utilize Specialized Transplant Networks? If so, which networks? __________________________
      v. To what extent does medical management personnel interact with the stop loss carrier/Ins. Co? __________________________