

THIRD PARTY ADMINISTRATOR QUESTIONNAIRE



PART I: Entity, Location, Ownership, Affiliation:

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Tax I.D. #:

Type of Business:

Corporation

Limited Liability Corp

Partnership

Subchapter S Corp

Sole Proprietor

List of Officers: (Please attach additional list if necessary. Submit Resumes of Officers, Directors and Owners)

President:

Secretary:

Vice President:

Treasure:

Please list other companies with whom you have financial interest (*i.e., insurance companies, PPO's, HMO's, MGU's, Brokerage operations, etc.*)

In the last 5 years, has your business entity been involved in a merger? Yes No

If yes, please describe:

In the last 5 years, has your business entity had a change in ownership? Yes No

If yes, please describe:

Has your business entity had a change of name, and/or use d.b.a or operated under an assumed name?

Yes No If yes, previous name was:

How do you produce business? *(Check all that apply).*

TPA Staff Direct Independent Brokers/Agents Other, define

If you use independent brokers/agents to produce business, is their compensation for services paid by:

Client directly TPA Other, define

How do you disclose fees, compensation, to the client? *(Check all that apply).*

In the proposal offer In the service agreement At the time of 5500 filing

Other, define

Branch Offices: *(attach additional list if necessary)*

(Name, Address, Phone, Fax, Contract)

PART II: System/ Administrators and Claims (Hardware & Software)

Administration

Claims

1. Is system online or manual?
2. What is the name of the software system?
3. Who developed the system?
4. What is the year of development?
5. Is software leased, or owned?
6. If owned, what is the year purchased?
7. What is the name/type of software?
8. Is hardware leased, or owned?
9. Have you changed or upgraded systems?

If yes, please describe:

PART III: Administrative Services (Financial, Eligibility, and Premium Accounting)

Staff: Total number of employees in Department:

Name and Title of Key Personnel & Managers	Job Title	Years Experience
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If necessary, list additional names on a separate page and attach. Please attach resumes.

- | | | |
|---|-----|----|
| 1. May clients have system access in their offices? | Yes | No |
|---|-----|----|

If yes, which administrative functions can the client perform?

- | | | |
|--|-----|----|
| 2. Can you provide census and premium data electronically? | Yes | No |
|--|-----|----|

3. System(s) security and audit procedures:

- i. Describe security for master file (*i.e who can enter new groups, changes*):

- ii. Describe security for client funds:

- iii. Describe record retention program for enrollment cards, billing files, etc:

- iv. Describe back-up system/disaster recovery in the event the computer master file is destroyed:

4. Does your system calculate individual or group premium? Yes No

5. Describe procedures for adding, deleting and changing Plan Participants and their benefits:

6. Do you perform bank account reconciliations on client accounts? Yes No

7. How often do you generate premium billings? On what days?

8. When are premium reminder notices sent?

9. When are lapse notices sent?

10. On what date(s) are premium payments run for insurers and re-insurers?

11. Describe administrative procedures for COBRA:

12. Do you prepare Plan Documents and Amendments in your office?

Notes/Comments

PART IV: Claims Administration

Staff: Total number of employees in:	Adjudication	Support	Managers
Name and Title of Key Personnel & Managers		Job Title	Years Experience

If necessary, list additional names on a separate page and attach. Please attach resumes.

1. How many terminals are in use?

2. Is eligibility determined online? Yes No

3. How long is claim history maintained online?

4. Has the department been audited by a third party for accuracy/security? Yes No

If yes, how recently, and by what firm?

And type of audit: (check all that apply).

CPA/550	CPA/Performance	Carrier/MGU	Independent Claims Audit
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5. Can you provide claim data electronically? Yes No

6. Claims are largely (i.e: +75%)

a.) Processed:	Manually	Online
b.) Filed:	By family	By day batch

7. What does a claim represent? (check one)

Line item	Check	EOB	Other
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Based on the above definition, what is the average number of claims processed by adjuster per hour?

8. What is your payment accuracy objective?

- a.) Statistical: Number of claims paid
- b.) Financial: Dollar amount paid without error

9. Describe the payment authority limitations for the claims staff and describe the criteria for internal audits:

10. What is your payment accuracy performance during the last 12 months?

11. What is your turnaround objective?

12. What is your turnaround time over the last 12 months?

13. Surgical R&C is based upon: HIAA Internal Med-Index Other

If other, please describe:

Surgical:

Medical:

Dental:

14. Is your R&C database online? Yes No

15. How often is R&C data updated?

16. Are ICD-9/ICD-10 codes captured? Yes No

17. Are CPT codes captured? Yes No

18. For what period of time are hard copy claims files retained?

19. Are separate bank accounts maintained for each client? Yes No

a.) What is included in each account?

b.) Who has disbursement authority?

c.) Is there a trust establishment for Funded Plans? Yes No

Describe a "typical" client's funds transaction through your office:

20. Do you subcontract any data processing activities? Yes No If yes, please explain:

21. Do you utilize off-site or home claim processors? Yes No If yes, please explain:

22. Describe your procedures for professional Medical & Dental Claims review:

23. Describe your procedures for auditing and/or negotiating provider bills:

24. Please list your Utilization Review and Case Management providers:

Name

Address

Phone No.

25. Is (are) your utilization provider(s) URAC accredited? Yes No

26. Describe your procedure, format and frequency for reporting large claims, utilization review and Case Management activity:

27. Describe the Managed Care Procedures you are using:

28. Does your system handle duplicate claim checking?

29. Does the system track benefit maximums?

30. Does the system note possible COB and pre-existing claims?

a.) How are coordination of benefit issues investigated?

b.) How are pre-existing claim issues investigated?

31. Subrogation Claims are handled: Internally Externally

32. On subrogated claims, describe the system or procedure used to credit the carrier and to apply the savings to the appropriate loss reporting period.

PART IV: Claims Administration

1. Please list the Stop-loss Carriers/MGU's with which you have business:

Carrier/MGU Name	# of Accounts	# of lives	Phone No.
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2. Has any Carrier/MGU terminated their relationship with you in the last three years? Yes No

3. Please give a breakout of groups you are presently administering:

	# of Accounts	# of Covered EE's
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- a.) Fully insured
- b.) Self-funded with stop-loss
- c.) Fully self-insured accounts
- d.) MET's, Associations or Unions

4. Approximate number of loss quotations you expect to request during the next 12 months:

5. Are all Stop-loss Markets used in every situation? Yes No

6. How is New Business developed? Internal Sales Reps Principal Brokers other

PART VI: Compliance/Legal/License Information

1. Describe any previous or pending material lawsuits in the last 10 years:

2. Have any of the principals in your firm or any of your employees (former or current) ever been indicated or convicted of mishandling/misappropriating any insurance company or client funds?

Yes No If yes, please give details:

3. Describe your current procedures for handling clients or insured complaints and State Insurance Department Complaints:

4. **Has the TPA or its principals ever been adjudged bankrupt?** Yes No If yes, please explain:
5. **Have you been involved in an audit by the Department of Labor?** Yes No If yes, please explain:
6. **If your operating jurisdiction(s) requires licensing, are you licensed as a:**
 Third Part Administrator Managing General Agent Agency Broker Agent
Please attach 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 your clients of these changes?**
9. **Are you HIPAA-EDI compliant?** Yes No

PART VII: Insurance Bonds/Banking Information

1. **Do you carry an Error and Omissions policy?** Yes No
2. **Do you carry a Fidelity Bond?** Yes No
3. **Do you carry a Professional Liability Policy?** Yes No
4. **Do you require employee bonding?** Yes No
5. **Have claims been made against any of these policies in the past two years?** Yes No
6. **Principal banking relationship (to be used as a reference):**
 Bank: Address:
 Phone:
 Contact: Contact Title:

ATTACHMENTS

Please use this checklist and provide the following attachments.

If any of these items cannot be provided, please explain:

- Resumes of Officers, Directors, Owners and Key Personnel
- Copy of each: E&O Policy, Professional Liability Policy and/or Bond now in effect
- Copy licenses for each applicable state—(Insurance and TPA Licenses)
- Marketing Brochure
- Literature on PPO and Managed Care
- Sample Service Agreement
- Disclosure Form
- Evidence of Good Health Forms
- Sample of Claim Reports available to insurers and/or reinsurers
- Sample Plan Document
- Sample Enrollment Form
- Sample Claim Form
- Sample Premium Billing Form

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

SIGNATURE:

DATE:

NAME/TITLE:

NOTES