



BRM Specialty Markets

BRM Specialty Markets: Your stop-loss sales partner

THIRD PARTY ADMINISTRATOR QUESTIONNAIRE



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PART I

SECTION A - GENERAL INFORMATION

1. Name of Firm: _____
Address of Headquarters: _____

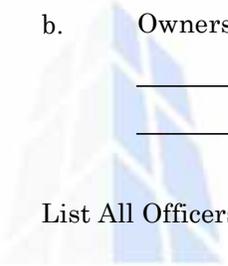
Telephone Number: _____ Fax Number: _____

2. Other Locations (City & State): _____

3. Where was firm charter? _____ When? _____

4. a. Indicate whether firm is a: Corporation Partnership Proprietorship

b. Ownership of the firm: _____



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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. _____

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 Has the firm's authority to perform services for a client ever been revoked?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.

<u>State</u>	<u>Status</u>	<u>State</u>	<u>Status</u>	<u>State</u>	<u>Status</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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.

	Number of Employees	Average Experience	Authority Limit
Medical Claims Officers and Managers	_____	_____	_____
Medical Claims Supervisors	_____	_____	_____
Medical Claims Analysts-Experienced	_____	_____	_____
Medical Claims Analysts-Trainees	_____	_____	_____
Medical Clerical Staff	_____	_____	_____

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. _____

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. _____

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's? 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



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Date: _____ Administrator: _____

By: _____

Title: _____