Third Party Administrator questionnaire

QBE Insurance

Entity, location, ownership, affiliation

Name

Address | City | State | Zip code

Email | Tax I.D number

Type of business

☐ Corporation ☐ Partnership ☐ Sole Proprietorship

☐ Limited Liability Corporation ☐ SubChapter S Corporation

Executive officers

Attach additional list if necessary.

Name | Title

Please list other companies with which you have financial interest (i.e., insurance companies, PPOs, HMOs, MGUs, brokerage operations, etc.)

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

If yes, please explain:

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

If yes, please explain:

Has your business entity ever changed its legal name, used a d/b/a, or operated under any assumed name? ☐ Yes ☐ No

If yes, please state the name and explain:

Software systems: administration and claims

Name of claims software system:

Claims software developed by:

Name of administration software system:

Administration software developed by:

Administrative services (financial, eligibility, premium)

Staff: total number of employees in department

Name and title of key personnel & managers:	Years experience:	Years with current employer:

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

System(s) security and audit procedures:
Describe security for master file (i.e. who can enter new groups, changes):

Describe security for client funds:

Describe record retention program for enrollment card, billing files, etc.:

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

Describe procedures for adding, deleting and changing plan participants and their benefits:

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

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

When are premium reminder notices sent?

When are lapse notices sent?

On what date(s) are premium payments run for insurers and reinsurers?

When do you disclose fees, compensations, etc., to the client? Check all that apply:

☐ In the initial proposal ☐ In the service agreement ☐ At the time of 5500 filing ☐ Other, explain:

Do you remit the Maine Guaranteed Access Reinsurance Association (MAGRA) quarterly assessment fee on behalf of your policyholder(s)? ☐ Yes ☐ No

Describe administrative procedures for COBRA:

Claims services

Staff: total number of employees in department

Adjudication: Support: Management:

Name and title of key personnel & managers: Years experience: Years with current employer:

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

How long is claim history maintained online?

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

If yes, how recently, and by what firm?

Type of audit:

☐ CPA 550 ☐ CPA/performance ☐ Carrier/MGU ☐ Independent claims audit

What does a claim represent? (check one)

☐ Line item ☐ Check ☐ E.O.B. ☐ Other

Based on the above definition, what is the average number of claims processed per processor per hour?

What is your payment accuracy objective?

Statistical: Financial:

Describe the payment authority limitation for the claims staff and the criteria for internal audits:

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

What is your turnaround objective?

What is your turnaround time over the last 12 months?

R&C is based upon:

☐ HIAA ☐ MDR ☐ Internal ☐ Med-Index ☐ Other

If other, please describe:

Surgical:

Medical:

Dental:

Is your R&C database online? ☐ Yes ☐ No

How often is R&C data updated?

Are ICD-10 codes captured? ☐ Yes ☐ No

Are CPT codes captured? ☐ Yes ☐ No

For what period of time are claim files retained?

Are separate bank accounts maintained for each client? ☐ Yes ☐ No

What is included in each account?

Who has disbursement authority?

Is there a trust established for funded plans? ☐ Yes ☐ No

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

Do you subcontract any data processing activities? ☐ Yes ☐ No

If yes, please explain:

Do you use off-site/home-based claim processors? ☐ Yes ☐ No

If yes, please explain:

Describe your procedures for professional medical & dental claims review:

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

Please list your utilization review and case management providers:

Name: Address: Phone:

What level of utilization review services are performed?

Are utilization review services performed in-house or through an outside vendor?

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

Describe your procedure, format, and frequency for reporting large claim, utilization review and case management activity:

Describe any other claim cost management providers and processes you may use (i.e., demand management, hospital bill audits, subrogation, fee negotiation, service, etc.):

Describe your criteria/procedure for physician review:

Describe any other managed care procedures:

How are cases identified for possible case management?

Describe your procedures for using large case management (LCM):

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? ☐ Yes ☐ No

If yes, what vendors do you use and at what claim level?

Is there a direct linkage between the UR/pre-cert process and case management? ☐ Yes ☐ No

If yes, please explain:

Does your system handle duplicate claim checking? ☐ Yes ☐ No

Does the system track benefit maximums? ☐ Yes ☐ No

Does the system note possible COB? ☐ Yes ☐ No

How are coordination of benefits issues investigated?

Carrier information

Please give a breakout of groups currently administered:

	Number of accounts:	Number of covered employee lives:
Fully-insured:		
Self-funded with stop loss:		
Fully self-insured accounts:		
METs, associations or unions:		

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

Are all stop loss markets used in every situation? ☐ Yes ☐ No

How is new business developed?

☐ Internal sales rep ☐ Principal ☐ Brokers ☐ Other

Please list the stop loss carriers/MGUs with which you have business:

Carrier/MGU: Number of accounts:

Compliance/legal/license information

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

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? ☐ Yes ☐ No

If yes, please explain:

Describe your procedures for handling complaints from clients, insured, and state insurance departments:

Has the TPA or its principals ever been adjudged bankrupt? ☐ Yes ☐ No

If yes, please explain:

Have you been involved in an audit by the Department of Labor? ☐ Yes ☐ No

If yes, please give details:

If your operating jurisdiction(s) require insurance licensing, are you licensed as:

		States:	License number:
TPA:	☐		
MGA:	☐		
Agency or business entity producer:	☐		
Broker or individual producer:	☐		

How are you kept informed of changing legal requirements within your market area?

Are you HIPAA – EDI compliant? ☐ Yes ☐ No

Insurance bonds/banking information

Do you carry an E&O policy?	☐ Yes	☐ No
Do you carry a fidelity and/or surety bond?	☐ Yes	☐ No
Have claims been made against any of these policies in the past two years?	☐ Yes	☐ No
If applicable, do you carry an ERISA bond?	☐ Yes	☐ No

Bank (to be used as a reference): Address:

Phone: Contact name: Contact title:

Attachments

Please use this checklist to provide the following attachments. If any of these items cannot be provided, please explain.

- ☐ Copy of licenses for each applicable state – Insurance and TPA licenses
- ☐ Copy of Evidence of Coverage(s) – E&O certificate and fidelity and/or surety bond
- ☐ Sample service agreement
- ☐ Samples of claim reports available to insurers and/or reinsurers
- ☐ 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 a routine inquiry may be made of any or all the individuals and firms noted herein as references.

Name:

Signature: