





Has E&O or Fidelity Bond coverage ever been cancelled?  Yes  No

If yes, please provide a full explanation. Please use a separate sheet and identify as I. C1.

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. C2.

Has your firm had or have pending lawsuits or DOI complaints?  Yes  No

If yes, please explain. Please use a separate sheet of paper and identify as I. C3.

Describe procedures for handling written Department of Insurance Complaints, complaints from attorneys, etc. Please use a separate sheet of paper and identify as I. C4.

Name of contact person for insurance and internal controls: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION D – LICENSING**

List all states in which you currently administer or plan to administer business, indicating your firm's Third Party Administrator license status in each state. Indicate status using the following codes:

(A) Active; (P) Pending; (N) None; (N/A) Not Applicable; (E) Expired.

State	Status	State	Status	State	Status	State	Status

Indicate any other licenses maintained by your firm:

List States

- Managing General Agent \_\_\_\_\_
- Agent \_\_\_\_\_
- Agency \_\_\_\_\_
- Other \_\_\_\_\_

**PART II**

**SECTION A – GENERAL INFORMATION**

Sources of Reasonable & Customary (UCR) used by your firm:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is your UCR database online?  Yes  No If so, how often is it updated? \_\_\_\_\_

Do you have access to unbundling software or does your claim system contain software to automatically review claims for unbundling?  Yes  No Please explain.

\_\_\_\_\_  
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 \_\_\_\_\_  
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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)?

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Describe internal auditing procedures for all claims; include frequency, by whom and to whom results are communicated. Please use a separate sheet and identify as II. A.

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**SECTION B – STAFFING**

Total number of Claims employees and average length of experience: \_\_\_\_\_

Does your firm employ Medical Consultants to resolve unusual claim problems?  Yes  No

If so, please attach their resumes or summary of their qualifications. Identify as II. B.

**SECTION C – DEPARTMENTAL PROCEDURES**

Describe the procedure for verifying claimant eligibility. If eligibility is determined online, include period (years/months) of online history.

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Please provide your procedures for possible subrogation claims.

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

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How often is COB information updated? \_\_\_\_\_

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

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If fraud is suspected, what specific procedures are followed?

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In the event of an overpayment, what procedures are in place to recoup the overpayment? How does your firm ensure that MGUs/stop loss carriers are reimbursed for their share?

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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 firm? Is PBM information communicated to the claims department regularly or only when requested?

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**SECTION D – MEDICAL MANAGEMENT OPERATIONS REVIEW**

Do you outsource Large Case Management?  Yes  No If so, please provide company name, primary contact person, telephone number, and email address.

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Please provide the following data regarding Medical Management services offered through your firm either directly or indirectly:

Number of Case Managers: \_\_\_\_\_

What is the average case load per Case Manager? \_\_\_\_\_

Do you use contracted LCM? If so, explain.

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Do you have dedicated Transplant Specialists, Neonatal Nurse Clinicians, Oncology Specialists, and/or Dialysis Specialists? If so, please provide their background/experience.

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How do the Medical Management team, internal systems, and/or pharmaceutical resources help clients with identification of potentially catastrophic cases?

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Does the Case Manager require any special authorization before becoming active in a case?

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If so, from whom?

Does the Case Manager communicate directly with the MGUs/Stop Loss carriers?  Yes  No

Are LCM reports generated?  Yes  No If so, are they done manually or automatically via a CM software system?

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How is it determined when an MGU/Stop Loss carrier will be copied on a report?

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Who reviews and refers out-of-network (OON) claims for negotiations?

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What, if any, negotiation vendors are used?

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How does Claims interact with Large Case Management and vice-versa?

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Who reviews issues related to medical necessity determination?

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Who does peer review and/or serves as a medical advisor?

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Do you utilize Specialized Transplant Networks? If so, which networks?

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To what extent does Medical Management personnel interact with the MGU/Stop Loss carrier?

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**SECTION E – INFORMATION SYSTEMS**

What type of system is used to payclaims? \_\_\_\_\_

Have you changed or upgraded any part of your system within the last twelve (12) months?  Yes  No

Describe back-up system in the event of a disaster and/or master file is destroyed.

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Completed by: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_