**Directions: For questions that ask for supplementary information or examples of documents, please include them as an Exhibit labeled with the corresponding question number (e.g., Exhibit 1.01a refers to the response to question 1.01)**

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**Section 1: General Information and Demographics**

1.01. Please state the full name of your organization and describe its structure, including your main and branch offices.

    a. Please provide a schematic of your organization's structure, identifying the functions and reporting relationships of key people directly responsible for administrative services to [Employer].

    b. Please indicate whether you operate as a corporation, partnership, or individual.

    c. If it is incorporated, include the state in which it is incorporated.

    d. Is this a publicly held corporation?

    e. Please describe any ownership, name changes or restructuring your organization has been through in the past three (3) years.

    f. Is any ownership, name changes, reorganization or redefinition of your core business currently occurring or planned in the foreseeable future?


1.02. Company size and experience

    a. How many years have you been in operation as a TPA?

    b. How many Current Full Time Equivalent employees are working on TPA services?

    c. Please list current clients and group health enrolled employees administered by your company.

    d. What are the current number of groups and average employer size administered by your company?


1.03. Please list other companies with whom you have financial interest (i.e., Insurance).


1.04. Please list the products you currently administer and indicate the number of years experience in this product type.

| Products | Number of Years Experience Administering Product Type? |
|---|---|
|  |  |
|  |  |
|  |  |


1.05. Please provide the name and address of all outside vendors used in this RFP (including any joint ventures) -- include local, toll-free telephone and fax numbers.

| Name of Outside Vendor | Address | Phone Numbers (Local & Toll-free) | Fax Numbers |
|---|---|---|---|

| | | | |
|---|---|---|---|
| | | | |
| | | | |

1.06. How does your company assist employers in maximizing their healthcare and employee benefit dollars?

1.07. Please identify TPA client turnover in the past 2 years.

1.08. Please provide a list of references (outlining company name, address, number of employees, length of service, contact information and reason for termination (if applicable); unionized?; public employer?) for the following:

    a. 3 current clients

    b. 3 terminated clients

    c. 3 multi-location employer group clients.

1.09. Has any insurance company or plan withdrawn the administrator's claim paying authority? Yes/No

    a. If yes, please describe in detail.

1.10. Has any health plan ever terminated any administrative functions performed by administrator for the plan?  Yes/No

    a. If yes, please describe in detail.

1.11. Principal Banking relationship (to be used as a reference):

| Name of Bank: | |
|---|---|
| Address: | |
| Telephone: | |
| Contact: | |
| Contact Title: | |

1.12. Please provide a copy of your latest annual report/statement of financial condition.

1.13. Please provide ratings and assessment date from the following sources:

    a. AM Best

    b. Standard & Poors

    c. NCQA

1.14. Please describe your bonding arrangements.

1.15. Do you carry a Fidelity Bond? Yes/No

      a. If yes, who is the carrier?

      b. What is the expiration date of the policy?

      c. What are the limits of coverage for the policy?

      d. What is the deductible?

      e. What are the total annual aggregate funds handled for all clients?

1.16. Do you require employee bonding? Yes/No

      a. If yes, which employees?

1.17. Do you carry a TPA Professional Liability Insurance Policy? Yes/No

      a. If yes, who is the carrier?

      b. What is the expiration date of the policy?

      c. What are the limits of coverage for the policy?

      d. What is the deductible?

      e. Is contract a claims made policy?

1.18. Have claims been made against any of these policies in the past two years? Yes/No

      a. If yes, please provide details.

1.19. Please describe any previous or pending material lawsuits in the last 10 years.

1.20. Have any principals or employees of your organization ever been accused and/or convicted of mishandling or misappropriating any company or client funds? Yes/No

      a. If yes, please describe in detail.

1.21. Do you perform services in a state that requires licensing for any services you provide?  Yes/No

      a. If yes, please enclose copies of all such licenses.

1.22. Has the administrator ever been sanctioned or fined by any Insurance Department or other regulatory body?  Yes/No

      a. If yes, please describe in detail.

1.23. Is the TPA SAS certified? Yes/No

      a. If yes, please provide a copy.

1.24. Please provide a copy of a typical Client agreement highlighting the warrantee and indemnification sections.

1.25. Please define your targeted market segment.

1.26. Please elaborate on the services provided to target client cost trends.

      a. What is your overall (book of business) trend for medical; Rx, dental for each of the past 3 years?

_____

**Administrative Services/Control/Banking and Member Services**

2.01. Please provide samples of all group contracts, agreements, and applications that would be required

2.02. Are you willing to provide the ASO and Stop-Loss contracts within 60-days of the effective date?

2.03. Plan design:

      a.   Do you prepare the SPD?

      b.   Is there a contract specialist on staff?

      c.   Are there any limitations on the types of plan designs TPA can administer?

      d.   Please provide, as attachment, a typical summary plan document.

      e.   Please describe your typical provisions for employees entering and exiting group health plans due to termination of a provider from a plan's provider network.

      f.   Please describe your approach to the coverage aspects of HIPAA requirements.

      g.   Please describe any additional Plan Design services offered by TPA.

2.04. Please describe automated enrollment/eligibility tools available to [Employer].

      a. Please describe the automated proposed platform and functionality.

2.05. Please provide samples of the following communication materials:

a. ID Cards

b. Medical EOB

c. Dental EOB

d. Flex EOB

e. Enrollment Form

f. EOI Form

g. COB Letters Pended

h. Claims Letters

i. Appeal Response Letters

j. ASO Billing Statement

2.06. Please identify whether the following data is immediately available to a customer service representative on their desktop when talking with a member (Check box if Yes):

☐ Searchable SPD
☐ Member eligibility information
☐ Provider network look-up
☐ Client website
☐ Claims look-up
☐ EOBs
☐ Documentation of all prior customer service/advocacy contacts with the member
☐ Member's primary care physician
☐ Member ID card
☐ Documentation of all referral and pre-cert notifications received on behalf of member and detail regarding action taken/status of such
☐ All claims received and paid on behalf of such member
☐ All Case Management notes on a member
☐ All Disease Management notes on a member
☐ A member's HRA or screening participation status
☐ A member's HRA or screening data
☐ A member's status with respect to eligibility for plan incentives, if any
☐ Newsletters, forms and other communications on the Plan provided or available to the member

2.07. What is the location of the customer service center(s) that will service [Employer] members?

2.08. Please describe your customer service support services:

a. How many full time equivalent customer service representatives dedicated to the TPA function are employed in your US operations?

b. What is your ratio of 800 phone lines per covered lives?

c. How many employees are currently covered per line?

d. What is your ratio of customer service representatives to customers?

e. What is your ratio of customer service representatives to employees enrolled in the health plans you administer?

f. What is the average time on hold?

g. What percent of calls are not taken?

2.09. Do you assign dedicated account/customer service representatives to specific clients? Yes / No

a. If no, explain how customer liaison is handled?

b. If yes, state your policy for assigning dedicated representatives, including your guidelines for caseload. (e.g., companies with fewer than 100 employees have a dedicated rep that is shared by no more than 10 companies of similar size, companies over 20,000 have a dedicated representative that is shared by no other client, etc.).

2.10. Do you provide a dedicated phone line for the client for all client issues? Yes/No

a. If yes, can calls be tracked for the client in order to provide details on member contact, etc.?

b. Can your system also track warm transfers to other servicing parties?

c. Can your system track opt-puts to other servicing parties based on a phone tree?

d. Are all calls recorded (audio)?

2.11. What are your current customer service days of operation?

2.12. What are the standard hours of operation for customer service?

a. What are your provisions for after-hour communication? (Check all that apply.)
☐ Live voice answering 24 hours
☐ Voice mail with next business day call-back
☐ Interactive Voice Response with a provision for immediate call-back
☐ Other (specify)

2.13. How many in-bound calls per day does a customer service representative take?

2.14. What percentage of calls is resolved on the first call?

2.15. Do you track employer/employee inquiries?

2.16. How are integrated Customer Service calls answered?

2.17. Please identify which issues a patient can get assistance with a single phone call without having to be transferred to another party or given a different phone number to call?

2.18. What are your foreign language capabilities? Spanish? Others?

2.19. Please provide the internal goals for customer service response time:

    a. Total calls received?

    b. Calls answered in less than 20 seconds?

    c. Calls answered in less than 30 seconds?

    d. Abandonment rate?

    e. Average wait (seconds) for connection)?

    f. How do these goals (above) compare with your actual performance?

2.20. How are written inquiries handled?

2.21. What are your procedures for handling member questions and complaints?

2.22. How many staff are dedicated to handling member questions and complaints?

2.23. What is the turnaround time on handling a member question or complaint?

2.24. Please describe the online tools available to members.

2.25. May clients have system access in their offices? Yes/No

    a. If yes, which administrative functions can the client perform?

2.26. Do you give clients direct access to their claims data? Yes/No

    a. If yes, can the client access "live" current information?

    b. What is the method of access?

2.27. Do you provide clients with their own benefits website functionality? Yes/No

    a. If Yes, please describe.

2.28. Please outline the formal training, qualifications and minimum experience required for the Customer Service Department, include any specialized training such as fraud detection.

a. What type of continuing education do you provide?

2.29. What has been the turnover ratio for customer service representatives for the past three years?

a. Please describe any initiatives in place to reduce or manage turnover rates.

2.30. What has been the turnover ratio for Account Executives/Account Service representatives for the past 3 years?

a. Please describe any initiatives in place to reduce or manage turnover rates.

2.31. Do you secure errors and omissions coverage? Yes/No

a. If yes, provide proof of E&O coverage and limits.

2.32. How do you measure and report member satisfaction?

a. Please detail the frequency at which member feedback is sought; frequency of when results are compiled and analyzed; and what happens with negative responses.

b. Can you measure member satisfaction on a client-specific basis? Yes/No

2.33. What is the member satisfaction rate for each of the plans which you administer?

_____

**Claims Administration**

3.01. Please provide a copy of your organizational chart for claims processing.

3.02. What is the total number of employees in:

a. Adjudication?

b. Support?

c. Management?

d. Member Services?

3.03. Please list the Name/Job Title of Key Personnel & Managers; Years Experience; and Years with current Employer.

3.04. What is the internal employee retention rate in:

a. Adjudication?

b. Support?

c. Management?

d. Member Services?

3.05. What is the average length of service of employees in:

a. Adjudication?

b. Support?

c. Management?

d. Member Services?

3.06. What type of experience is required to work in:

a. Adjudication?

b. Support?

c. Management?

d. Member Services?

3.07. Are clients given a dedicated claims supervisor? Yes/No

3.08. Are clients given dedicated claims payers? Yes/No

3.09. Do you utilize off-site or home processing activities?

3.10. Do you subcontract any data processing activities?  Yes/No

a.  If yes, please specify?

3.11. Please describe your hiring and training requirements for claims processors, supervisors, etc.

3.12. Please provide flow charts for online adjudicated claims, and member (paper) submitted claims.

a. Does your online claims adjudication system conform to NCPDP standards? Yes/No

3.13. Please indicate your normal/average production standards.

3.14. How many claims do you process per day/week/month?

3.15. What percentage of your claims are received electronic vs. manual?

3.16. What percentage of our medical claims will be automatically adjudicated (without processor intervention or decision making)?

3.17. What is your average turn-around time (TAT) for clean claims?

   a. What is the TAT for EDI claims?

3.18. Are backlogged claims routed to another office? Yes/No

3.19. Please explain your process for the handling of a claim that requires additional information, including notification to plan participant regarding status of their claim.

3.20. What is the average percentage of claims pended, monthly?

3.21. Are pended claims tracked on-line? Yes/No

3.22. Do you systematically generate an aged list of pended claims?

3.23. Please describe the quality management program, which is applied to the claims administration function (e.g. coding, processing, and paying), specifying audit procedures and error categories.

3.24. Please describe your duplicate claims detection mechanisms.

3.25. Please describe your coding validity verification capability (including unbundling).

3.26. Please describe your fraud detection capabilities and indicate software used.

   a.   What procedure is used when a fraudulent claim is identified?

3.27. Please describe your procedures for medical claims review (including all medical professionals involved).

3.28. Please provide samples of system generated letters and EOBs.

   a. Where and how are they generated?

   b. Can the format be customized per client?

3.30. Are EOBs available electronically to members? Yes/No

3.31. Please describe the process and timeline for payment of claims.

    a. Are providers paid before or after funds are drawn from the group's account?

    b. What is the frequency of claim payments?

3.32. What is your Claims processing and payment accuracy performance during the last twelve months?

3.33. What is your technical accuracy rate?  Dollar accuracy?

3.34. Please indicate the administrative service targets and actual performance for the last 2 years in each of the areas listed below for the proposed facility:

    a. Turnaround time

    b. Financial accuracy

    c. Payment accuracy

    d. Processing accuracy

    e. Resolution time for telephone and written inquires

3.35. Do you offer performance based contracting? Yes/No

    a.   If yes, do you offer financial penalties/incentives? Yes/No

    b.   Do you offer standard performance criteria/guarantees? Yes/No

3.36. Please list separately the hard edits and the soft edits supported by your claims adjudication system.

    a. Which hard and soft edits are standard and would be part of your offering?

3.37. Please describe the analytical review procedures that are performed both automatically and manually to ensure services are logically congruent with the age and sex of a given participant and reported diagnosis.

3.38. Are pre-certification/concurrent review decisions available to claim processors in real time? Yes/No

3.39. How do you handle exceptions to your plan rules and guidelines?

    a. What is your procedure for processing claims outside our current rules and guidelines?

3.40. How often do you purge claims, eligibility and customer service notes from your system?

    a. After they are purged, is the data held in an archive system?

3.41. What is the number of diagnoses captured per claim?

3.42. Please provide a list of reportable data fields that are routinely captured for claims processing.

    a. Please provide a list of reportable data fields that are optional for claims processing.

3.43. What types of monthly reports are available for claims review and analysis?

    a. What predictive modeling services are included in your administration?

    b. Describe each and identify any reports which are available at an extra charge.

3.44. If requested, could you provide detailed reports identifying:

    a. Extra-contractual claim payments?

    b. Pending claims?

    c. Recovered overpayments?

    d. Unrecovered overpayments?

3.45. Please explain the flexibility of your systems in the administration of:

    a. Multiple or complex plan designs?

    b. Various funding arrangements?

    c. Integration of managed care components?

    d. Provider contracting?

    e. Reimbursement models?

3.46. Are you able to handle run-in? Yes/No

    a. How would this work?

3.47. Are you willing to upload claims data to a Community Data Warehouse established for the purpose of provider profiling and health services quality improvement (w/PHI removed)? Yes/No

3.48. Compliance with HIPAA data requirements

a. Are you now compliant with HIPAA and ANSI coding and data transmission standards? Yes/No

b. Please describe your approach to HIPAA compliance, including timetables and whether the claims processing system itself is/will be compliant, or an interface/code translator used?

3.49. Does your IT system provide (check all that apply):

☐ Claim scanning
☐ OCR capabilities
☐ EDI
☐ On-line Real time processing
☐ Batch processing
☐ Batch checks to providers
☐ System generated letters to employees and providers
☐ Unbundling/up coding detection software

3.50. Is system on-line or manual?

3.51. What is the name of your software system?

3.52. Who developed [your software system]?

3.53. What year was the software system developed?

3.54. Is software leased, timeshared or owned?

3.55. If [software system is] owned, what year was it purchased?

3.56. What is the name of your hardware?

3.57. Is hardware leased, timeshared or owned?

3.58. What is the frequency of "down time" that your claims adjudication system experienced in the past twelve months?

a. Is there scheduled "down time" for maintenance?

b. What time does it occur, how often, and how long does it last?

3.59. Have you changed/upgraded system within 12 months?  If yes, please describe?

3.60. Please describe the future direction for your benefit administration system and services (i.e. overall growth projections, new and or enhanced systems).

3.61. Please explain your philosophy and methodology for maintaining technological competency.

3.62. Please provide a copy of your disaster recovery plan.

_____

**Quality Control/Internal Controls**

4.01. What are your standard procedures for quality control in claims processing?

4.02. Do you have an internal audit staff? Yes/No

      a. If yes, what audit criteria is used for quality control?

4.03. Do you have a Quality Control Policy Manual? Yes/No

4.04. How often is an independent audit performed?

4.05. Which independent firm conducts your internal audits?

4.06. If requested, will you allow an audit firm to review your claims adjudication process? Yes/No

4.07. What are your standard claim audit procedures for claims in process and those that are already paid?

4.08. How are overpayments handled, and to what extent does your company go to recover those overpayments?

4.09. Please describe the payment authority limitation for the claims staff and describe the criteria for internal audits.

4.10. Please specify the date of your latest audit, the audit company who performed it, and provide as an attachment a copy of the audit report, which should include results for the following:

      a. Claims payment accuracy (Correct payments in sample divided by total payments in sample)

      b. Financial accuracy (Total of claims processed less overpayments & plus under payments divided by total claims processed)

      c. Overall accuracy (Total correct claims divided by total claims)

d. Claims turnaround (1. distribution of claims >90 days, 60-90, 30-60, <30 and 2. Percent of claims turned around within 10 working days, including claims approved or denied, excluding pended claims)

e. Duplicate payment rate

f. Percent pended claims (# pended claims during period divided by total number of claims received during period)

_____

**Eligibility, COB, Subrogation, Spouse/Dependent coverage and COBRA**

5.01. If the enrollment process is automated, please specify the nature and extent of automation.

5.02. Please provide details about the types of automation and percentage of enrollments conducted in each manner:

a. Employer entry via modem connection to your TPA system?

b. Employer entry via continuous connection to your system?

c. Employer entry via your website?

d. Employee entry via employer website linked to your website?

e. Other?

5.03. How do you prefer to receive eligibility?

5.04. Please describe your process for maintaining accurate dependent eligibility information (e.g., dependent and spouse verification; working spouse; etc.).

5.05. Do you currently provide claims and eligibility inquiry capabilities via the internet?

5.06. Can you accept eligibility tapes? Yes/No

a. What is the format required or data mapped?

5.07. Can you produce customized ID cards? Yes/No

a. How long after receipt of enrollment date can you produce them?

5.08. Will there be a cost for requesting additional ID cards? Yes/No

5.09. Please provide a draft copy of the front and back sides of your ID card.

5.10. Please indicate your standard and actual turnaround time to issue member identification cards from the date you receives notification (enrollment information) to the date the card is issued (Express time in business days).

5.11. Are ID cards mailed to the member's homes? Yes/No

    a. Please specify any additional charges for this service on the Rate Sheet Exhibit.

5.12. Do ID cards contain the employee's Social Security Number (SSN)? Yes/No

    a. Can you eliminate the SSN?

    b. Can you use a different member number?

5.13. How will eligibility changes be handled?

    a. How will we provide changes, additions and deletions to you?

    b. How long will it take for this data in (a) to be inputted?

5.14. Do you automatically send out letters of credible coverage once someone is termed? Yes/No

    a. Is there an additional fee for this? Yes/No

    b. Is there a fee for an additional copy? Yes/No

    c. Please specify any charges for this service on the Rate Sheet Exhibit.

5.15. Will you provide online access to your eligibility system for the client? Yes/No

    a. If yes, what features can be accessed?

    b. If yes, what functions can be performed?

    c. Please specify any online access costs on the Rate Sheet Exhibit.

5.16. What is your guaranteed turnaround time for activating a new employee?

5.17. Please list the information elements captured for employee enrollment.

5.18. What follow-up system is in place to keep spousal and dependent COB data current after initial enrollment?

5.19. Please briefly explain your group setup and eligibility process:

a. Sublevels within a group

b. Dependent information

c. COB information/Spousal COB requirement

5.20. Does your system automatically calculate COB? Yes/No

    a.   If yes, what types of COB can you administer? Please specify: carve-out, non-duplication, traditional, etc.

    b.   If no, how is COB data processed and reported?

5.21. What are your normal COB procedures?

a. Identify your internal controls used to track COB and identify who is responsible for follow up on COB claims.

5.22. How do you handle subrogation?

a. Please identify any vendors used; if there are separate charges involved; and the process for case identification and follow-up. Please specifically identify any separate charges on the Rate Sheet Exhibit.

5.23. Who will handle subrogation?

a. Please identify the process for case identification, follow-up and recovery.

b. Do you currently investigate potential subrogation and third party liabilities before you pay or do you pay and then investigate?

c. Please include average dollars filed over the past three years and recovery rates.

d. Please specify any additional fee or percentage of the monies recovered for such services on the Rate Sheet Exhibit.

5.24. If a claim is paid in error, what steps are taken to get reimbursed? For the following questions, please specify any related fees on the Rate Sheet Exhibit.

a. Do you send out reimbursement request? Yes/No

b. If yes, how many times?

c. Will we get copies of these requests and is there a fee?

d. If the reimbursement requests are ignored what if any other steps are taken to get those monies back and is there a fee?

e. If you have any other type of recovery program, please explain.

f. Is there an opt-out option or is it mandatory?

g. If all recovery efforts fail, who absorbs the overpayments?


5.25. Do you have written procedures for the following provisions and are these identified manually or automatically by your system?  (Check all that apply)

☐ COB / Medicare Integration?
☐ Eligibility (Dependent & Student Status)?
☐ Pre-x conditions / HIPAA certification?
☐ Subrogation?
☐ Duplicate Charges?
☐ Aggregate ATT. PT. Penetrations?
☐ Claims incurred prior to or after Stop Loss policy period?


5.26. Are claims control programs being practiced and handled internally or by an outside vendor? (Please check all that apply. If outside vendor, please indicate vendor's name).

☐ Over payment recoveries                          _____
☐ Subrogation                                      _____
☐ Code re-bundling                                 _____
☐ Fraud detection                                  _____
☐ Hospital bill audit                              _____
☐ Negotiate out-of-network bills                   _____
☐ Medical necessity / review issues                _____
☐ Experimental treatment determinations            _____


5.27. Do you provide COBRA administration? Yes/No

a. If yes, please describe all available services and the associated charges for this administration on the Rate Sheet Exhibit.

b. How will [Employer] be notified who opted for COBRA and how will [Employer] receive payment?


5.28. Can you interface eligibility with an Rx PBM vendor? Yes/No


_____

**Flex, Stop Loss & Other Products**

6.01. How many clients do you administer Section 125 plans for?


6.02. What assistance do you provide for Section 125 plan design?


6.03. Do you offer the option to use debit cards for Flex claims? Yes/No

a. If yes, please detail the process and financial arrangements.

6.04. Do you offer Dependent Care contracts for those that elect a Dependent Care Spending Account? Yes/No

6.05. Do you offer auto roll-over to the Flex Spending account? Example: a claim is processed through the TPA side and then the claim automatically goes to Flex for the out-of-pocket expense?

6.06. How often are Flex checks issued (frequency)?

6.07. Do you perform 125 Discrimination Testing for your clients? Please specify any additional charges for such testing on the Rate Sheet Exhibit.

6.08. How often are flex claims adjudicated?

6.09. Do you offer stop-loss insurance? Yes/No

   a. If yes, what stop-loss carriers are used (include carrier name, date approved, number of cases and premium dollars held by each carrier)?

6.10. Please explain your process for stop-loss notification and filing.

6.11. What is your current compensation arrangement with each [stop-loss] carrier? Please specify such compensation arrangements on the Rate Sheet Exhibit.

6.12. Do you offer other insurance products?

   a. If yes, please list product and carrier used for each.

   b. If yes, please provide the rate schedule for each on the Rate Sheet Exhibit.

   c. If yes, [to offering other insurance products], specify your compensation for each on the Rate Sheet Exhibit.

_____

**Networks**

7.01. Please list all Networks that are available and separately identify all fee arrangements associated with these networks on the Rate Sheet Exhibit.

7.02. Please describe any reimbursements you receive from these network arrangements on the Rate Sheet Exhibit.

7.03. Do you stack network arrangements? Yes/No

7.04. Who reprices for the available networks?

      a. Are there additional charges for repricing services? Yes/No

      b. If yes, please specify on the Rate Sheet Exhibit.

7.05. Do you charge a network liaison or management fee? Yes/No

      a. If yes, please identify all such charges on the Rate Sheet Exhibit.

7.06. Do you apply any clinical editing software or is it applied at the network level?

      a. Please identify patient balance billing protections involved in the application of these editing programs.

7.07. Who is responsible for out of network fee negotiations?  Please specify what charges are associated with these services on the Rate Sheet Exhibit.

7.08. Please describe your procedures for auditing and/or negotiating provider bills.

7.09. Please identify the source used to establish R&C for physician reimbursements: what percentile level and geographic regions are used and how often it is this updated?

7.10. If you do not use HIAA, how do your allowances compare?

7.11. What schedule do you use to determine R&C?

7.12. How often are price updates applied to your adjudication system?

7.13. Is your R&C database on-line? Yes/No

7.14. Can network fee schedules be utilized as R&C for non-network claims? Yes/No

_____

**Claims Payment System/Reporting**

8.01. Is your organization willing to provide [Employer] with the following utilization reports (Please provide samples of these reports and state frequency of availability):

      a. Summary of claims experience, including claims by provider and by diagnosis

b. Claims by coverage (for example, inpatient room & board, prescription drugs, outpatient surgery, etc.)

c. Large claim report

8.02. Do you have ad hoc reporting capabilities? Yes/No

a. Please explain about your capabilities.

b. If there are any additional charges for the reports requested, please specify such charges on the Rate Sheet Exhibit.

8.03. How many months of historical claim data are stored in your claims system?

a. How far back in time can claims be processed on your system?

8.04. Is your system an on-line, direct access system or a plan/claims information storage and retrieval system? Please provide a flowchart or brief description of its operation.

8.05. Please provide a sample of your client report package. Do you have ad hoc reporting capabilities? If yes, please explain.

_____

**Clinical Management**

9.01. Please describe all clinical management programs.

9.02. Can these programs be customized to the client? Yes/No

9.03. How does your approach to clinical management differ from your competitors?

9.04. Do your clinical management processes follow clinical practice guidelines? Yes/No

a. If yes, please list every guideline utilized.

9.05. How are patient outcomes assessed?

9.06. How do you record the results of patient outcome assessments?

9.07. Please provide a copy of your standard clinical management reports.

9.08. How do you define, track and manage chronic illness?

9.09. Are any of the following services provided in-house:

| | Provided in-house? (Yes/No) | If no, please provide detailed information about the vendor used. |
|---|---|---|
| a. Precertification | | |
| b. Concurrent review, (UR/UM) | | |
| c. On-Site Review | | |
| d. Large Case Management | | |
| e. Retrospective review | | |

9.10. If you outsource medical management and utilization, please provide the company information and a brief history of the relationship.


9.11. How are medical management/utilization review functions integrated into claims processing and customer service functions?


9.12. Please explain your capabilities to interface with an independent disease management company.


9.13. Please describe your review criteria for:

a. Medical necessity for proposed care

b. Medical necessity for admission

c. Necessity for continued stay

d. Length of stay

e. Mental health care (inpatient and outpatient)

f. Chemical dependency treatment (inpatient and outpatient)

g. Necessity for surgical procedures (inpatient and outpatient)

h. Case management

i. Outpatient service

9.14. Please describe your appeal process for members and physicians (separately).


9.15. Please attach a description of your current Utilization Management staff and their activities, include job descriptions for your Medical Director, Physicians, RNs, LPNs and others.  Indicate which positions are filled on a part time and which on a full time basis, and note any which are currently vacant.

9.16. Do you provide on-site chart abstracting and review in the hospital?  Yes/No

    a. Do you provide on-site chart abstracting and review in the physician's office? Yes/No

    b. If yes to any of the above questions, who reviews the abstracts and how are they scored?

9.17. What is the number of nurses per 1000 members?

9.18. Are you URAC certified?

9.19. Please provide any quality measures, such as those required by HEDIS or NCQA or any other outcome studies or patterns of care analysis, which you currently measure or conduct.

9.20. Please provide the following utilization statistics for the past 2 years (or as long as available) for each of the plans which you administer by geographic location:

    a. Admission rate per 1000 members

    b. Primary care MD visits per 1000 members

    c. Specialty care MD visits per 1000 members

    d. Medical bed days per 1000 members

    e. Surgical bed days per 1000 members

    f. Obstetrical bed days per 1000 members

    g. Psych/Substance Abuse bed days per 1000

    h. ICY/CCU bed days per 1000 members

    i. All other bed days per 1000 members

    j. Average length of stay

    k. C-section rate

    l. Mortality compared to diagnosis specific benchmarks

    m. Complication rate compared to diagnosis specific benchmarks

9.21. What reports are considered standard: monthly, quarterly, yearly?

    a. Are they delivered automatically and can we choose which ones we want?

9.22. On average, how long does it take to obtain ad hoc reports?

    a. Please specify any additional charges for ad hoc reporting on the Rate Sheet Exhibit.

9.23. What has been the average fee increase for your clients over the past three years?

      a. What factors have caused them to increase?

      b. Do you offer multiple year contracts? Please specify any fee changes associated with multiple year agreements on the Rate Sheet Exhibit.

9.24. What types of on-line capabilities are available to clients to view and/or create reports?

9.25. Is information provided through physical or online reporting considered to be the property of the vendor or the group?

9.26. Please describe the procedures used to identify members who are candidates for DM or CM or other interventions, including:

      a. What is the data set used to run the report?

      b. What is the range of diagnosis, place of service and other criteria used to flag members?

      c. What is the frequency of such identification reports?

      d. Assessment procedure - Who is doing the initial assessment? How does the assessment occur? Is it just administrative or does it involve contact with the member?

      e. What are the follow-up protocols with members?

      f. What is the number of days between an event that triggers identification of a member with a chronic disease and contact with such members?

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**Rate Sheet**

10.01. Please provide a rate quote for each administrative service your organization provides in the basic ASO fee and describe optional services available and list all associated fees and detail your administrative fee formula on the Rate Sheet Exhibit.

10.02. If you are selected to administer all duties listed above, would this impact the rates quoted?

10.03. Please provide an itemized account of all startup fees and enrollment related fees and charges on the Rate Sheet Exhibit.

10.04. Please include fees for SPD production on Rate Sheet Exhibit.

10.05. Are you willing to provide a performance guarantee in regard to implementation timelines and customer satisfaction?

10.06. Please describe standard performance guarantees, including amounts at risk on the Rate Sheet Exhibit.

10.07. Indicate if there is an additional charge for capture of optional data fields. Please specify all additional charges on the Rate Sheet Exhibit.

10.08. Please specifically identify all monthly reporting charges on the Rate Sheet Exhibit.

10.09. Is there an additional cost for handling run-in?  Please specifically identify any additional costs for run-in and run-out claims processing on the Rate Sheet Exhibit

10.10. Please indicate any additional services provided by your company that you feel may be of interest and specify any associated costs on the Rate Sheet Exhibit.

10.11. Excluding any special request fees, please provide a sum of all monthly fees as a total per employee per month cost on the Rate Sheet Exhibit.

10.12. Please list any other charges or expenses that may not have been specifically addressed in this request, but for which you would expect compensation and specify such charges on the Rate Sheet Exhibit.

10.13. Will there be additional cost for reports and/or time that your organization will have to spend when information is requested for a yearly audit? Please specify any such additional costs on the Rate Sheet Exhibit.

10.14. If there is a cost for requesting additional ID cards, please specify the costs will be on the Rate Sheet Exhibit?

10.15. Do you compensate brokers/agents or other service providers for business development? Yes/No

    a.   If yes, do you disclose to the client the amount of compensation? Yes/No

    b.   If yes, please disclose on the Rate Sheet Exhibit.

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**Banking & Legal**

11.01. Please explain your standard client funding arrangements, including check printing and mailing, funding notifications, account reconciliation, etc.  Please identify and provide copies of financial reports provided both to and on behalf of your clients including provider 1099s, loss ratios, IBNR, 990 filings, balance sheet, etc.

11.02. Please outline the banking arrangement for transfer of claims.

      a. Are alternative banking arrangements available? Yes/No

11.03. Do you require draft stock for checks or can you laser print?

11.04. Do you perform bank account reconciliations on Client Accounts? Yes/No

      a. If no, why not?

11.05. Do you provide assistance to your clients in meeting the financial requirements and reporting duties associated with self-funding, including reserve statements? Please explain your role in providing legal compliance expertise and training for both in state and out of state clients.

11.06. Do you carry a Fiduciary Liability Policy? Yes/No

      a. If yes, please provide the name of Carrier, Policy number, Limit of Liability and Policy Term.

11.07. Will [Employer] have the option to assign claim fiduciary responsibilities to your organization? Yes/No

      a. If yes, what is the associated cost?

      b. If yes, please provide a description of the process for client to appeal a decision regarding payment of a claim.

11.08. Can you provide census and premium funding data electronically?

11.09. Does your system calculate levels of funding for self-funded plans, or are they manually calculated and entered in the master file?

11.10. How often do you generate premium billings for insurance coverage?

      a. On what days are they generated?

11.11. 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 established for Funded Plans?

      d. Please describe a "Typical" Employer funds transaction through your office.

11.12. Are you agreeable to issuing insured claim drafts off our bank account? Yes/No

11.13. Can you maintain and provide status reports on individual client reserve accounts? Yes/No

11.14. Is the administrator in compliance with all applicable state and federal laws and regulations? Yes/No

11.15. Do you do 5500 preparation? Yes/No

    a. If yes, please specify the fee on the Rate Sheet Exhibit.

11.16. How does your organization assure legal compliance (ERISA, State, Federal)?

    a. How do you communicate these changes to the Client?

11.17. Please confirm that your service fees include communicating required legal notices to covered members. Please specify any additional charges for this service on the Rate Sheet Exhibit.

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**Implementation, Account Management & Communications**

12.01. What is the minimum amount of lead-time you believe is necessary for implementation?

12.02. Please provide an implementation action plan that includes the following information:

    a. The structure of the implementation team that would be assigned to this account.

    b. The level of information and involvement that would be required from [Employer].

    c. A preliminary timeline and schedule showing all of the tasks for completion, person/party responsible for completion, and target dates. Assume January 1 as the beginning of the implementation process.

    d. A description of the metrics that will be used to monitor the implementation process.

12.03. Assuming notification of your selection, how do you propose to organize the implementation schedule?

    a. What services do you provide to your clients during the implementation process, (e.g., open enrollment meetings, attendance at board meetings, etc.)?

    b. What ongoing services do you provide your clients?

12.04. How will you interface with the current carrier?

a. What data will you need to affect implementation?

b. Please describe your minimum data requirements and include the ideal data-reporting format.

12.05. Do you assign an account manager to specific clients? Yes/No

a. How many other clients does the assigned account manager service?

b. How many total members do those clients represent?

12.06. Please provide a description of the account management team that will service [Employer].  Be sure to include:

a. An organization chart of the account management structure and location for each individual

b. An overview of the account management structure and location for each individual

c. Biographies to reflect the level of experience of the project team and service representative responsible for initial implementation. Please identify any additional sales/marketing duties in addition to the client service responsibilities.

d. A summary of the process for escalating issues within the account management structure.

e. The name, title, and contact information for the individual that has ultimate decision making authority for escalated issues.

12.05. What type of enrollment assistance do you provide?

12.06. Employee Communication - what enrollment materials do you typically provide?

a. Do you mail these directly to the employees' homes? Yes/No

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**Rate Sheet**

| Services | Fees ( 1 Year Agreement) | Fees (Multi-Year Agreement) |
|---|---|---|
| | | |
| **Start Up/Implementation Fees (itemize)** | | |
| | | |
| **Medical Claims Administration** | | |
| Network Access Fees | | |
| Network Liaison or Management Fees | | |
| Network Reimbursement Fees | | |
| Run In Claims Processing | | |
| Run Out Claims Processing | | |
| Subrogation and Third Party Recovery | | |
| Payment Error Recovery | | |
| R & C Setup & Administration | | |
| Clinical Editing Programs | | |
| Out of Network Fee Negotiations | | |
| Claims Repricing Fees | | |
| | | |
| **Utilization Review** | | |
| Precertification | | |
| Case Management | | |
| Disease Management | | |
| Predictive Modeling | | |
| | | |
| **Plan Modeling** | | |
| **Rate Setting** | | |
| | | |
| **Dental Claims Administration (itemize)** | | |
| | | |
| **Stop Loss Coordination** | | |
| | | |
| **COBRA Administration** | | |
| | | |
| **HIPAA Administration** | | |
| | | |
| **Flexible Spending Account Administration** | | |
| | | |
| **HSA Account Administration** | | |
| **HRA Account Administration** | | |
| | | |
| **ID Card Preparation & Distribution** | | |
| **ID Card (Requesting Additional Cards)** | | |
| | | |
| **Letters of credible coverage** | | |
| | | |

| | | |
|---|---|---|
| **Plan Document Preparation & Distribution** | | |
| **Standard Reporting (Itemize)** | | |
| **Ad Hoc Reporting Charges** | | |
| **Financial Reporting , i.e.1099, 5500, etc. (itemize)** | | |
| **Vision Plan Administration (itemize)** | | |
| **Pharmacy Benefit Management Interface Fees (itemize)** | | |
| **Internet / Online Access Fees** | | |
| **Appeals Processing (itemize)** | | |
| **Audit Charges (itemize)**<br>  Internal<br>  External | | |
| **Banking Charges (itemize)** | | |
| **Broker Commission** | | |
| **Additional Services & Charges (itemize)** | | |
| **Performance Guarantees?** | | |